

Marquette University
e-Publications@Marquette

Dissertations (2009 -)

Dissertations, Theses, and Professional Projects

Racially and Ethnically Underrepresented Students' Completion of RN BSN Program: Factors Affecting Success

Patricia Ann Varga
Marquette University

Recommended Citation

Varga, Patricia Ann, "Racially and Ethnically Underrepresented Students' Completion of RN BSN Program: Factors Affecting Success" (2016). *Dissertations (2009 -)*. Paper 627.
http://epublications.marquette.edu/dissertations_mu/627

RACIALLY AND ETHNICALLY UNDERREPRESENTED
STUDENTS' COMPLETION OF RN BSN PROGRAM: FACTORS AFFECTING
SUCCESS

by

Patricia A. Varga, M.S.N, R.N., CNE

A Dissertation submitted to the Faculty of the Graduate School,
Marquette University,
In Partial Fulfillment of the Requirements for
The Degree of Doctor of Philosophy

Milwaukee, Wisconsin

May 2016

ABSTRACT
RACIALLY AND ETHNICALLY UNDERREPRESENTED
STUDENTS' COMPLETION OF RN-BSN PROGRAM: FACTORS AFFECTING
SUCCESS

Patricia A. Varga, M.S.N, R.N., CNE

Marquette University, 2016

Health care is becoming increasingly complex. This complexity requires the skills of a BSN or higher prepared nurse. The current nursing workforce does not mirror the population demographics of the United States. Because of this, underrepresented racial and ethnic groups are not likely to be cared for by a member of their diverse group. Satisfaction with care and outcomes of care are enhanced when members of underrepresented racial and ethnic groups are cared for by a member of their cultural group. This grounded theory study included 6 RN BSN students who were members of underrepresented racial and ethnic groups and 10 faculty members who taught in an RN BSN program to answer the question: What factors contribute to ethnically and racially diverse Registered Nurses successfully completing their BSN degree? Six themes were identified from the data: Balancing Competing Priorities, Overcoming Academic Obstacles, Negotiating Faculty Relationships, Learning from Each Other, Protecting Cultural Identity, Refusing to Fail. Analysis of the data suggested interventions targeting faculty spheres of influence: teaching-learning, educational systems, and educational environment. A new theory of Diverse Student-Faculty Partnerships is proposed.

Key Words: diverse, faculty, student, racial, ethnic, grounded theory, qualitative

ACKNOWLEDGMENTS

Patricia A. Varga, M.S.N, R.N., CNE

No one completes a project of this magnitude by themselves. I have had exceptional support from my colleagues, friends and extended family. They provided help in so many ways along this journey. I can never thank them enough.

I would also like to thank those whose support surpasses any description:

My chair, Dr. Marilyn Frenn, provided constant support, guidance, and thought provoking questions that moved me to places I might not have found. She believed in my ability to do something important for our profession.

My committee, Dr. Kathryn Schroeter and Dr. Joan Whipp, shared insights and wisdom and generosity of time that moved my process forward to a place of distinction. Their perspectives added clarity to my vision.

I have had phenomenal support from my family who accepted me at whatever level I could participate in family events, listened to my thoughts in evolution and offered honest critiques always. They never wavered in their absolute belief in my ultimate success.

My Dean and friend, Peg Rauschenberger, has laughed with me when I needed it most, believed in me always, and has been my Yoda throughout this journey.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	i
LIST OF TABLES	v
LIST OF FIGURES	vi
CHAPTER 1	1
I. INTRODUCTION AND AIM OF THIS STUDY	1
Need for Bachelor-Prepared Nurses	2
Need for Diversity in the Nursing Force	4
Current Research	6
Significance of this Study to Nursing	7
Definition of Terms	8
Conclusion	9
II. CONCEPTUAL FRAMEWORK AND REVIEW OF	
LITERATURE	10
Constructivism as a Conceptual Framework... ..	10
Two Hallmark Nursing Studies	12
Studies on Factors Impacting Enrollment and Persistence in	
RN-BSN Programs	14
Personal and Professional Factors	14
Employer Factors	18
Academic Factors	20
Studies on Diverse Students in Nursing Programs	23
Literature Reviews	23
Research Studies on Diverse Students in Nursing Programs.....	29

Assumptions	38
Research Question	38
Conclusion	39
III. METHODOLOGY	40
Rationale for Grounded Theory Design	40
Constructivism as Approach	41
Research Methods	42
Sample	42
Demographics of Sample Population	45
Data Collection, Instruments and Data Analysis	46
Protection of Human Rights.....	52
Control of Bias	55
Enhancing Rigor	56
Limitations	58
Conclusion	59
IV. SUMMARY OF FINDINGS	60
Conceptual Themes	60
Balancing Competing Priorities	60
Overcoming Academic Obstacles	64
Negotiating Faculty Relationships	69
Learning From Each Other	72
Protecting Cultural Identity	75
Refusing to Fail	77

Conclusion	80
V. DISCUSSION OF FINDINGS AND THEORY	81
Interpretations of the Findings and Integration with the Literature	81
Emergence of Theory	86
The Theory of Diverse Student Faculty Partnerships	90
Significance of the Findings and Implication for Education	92
Implications for Practice and Vulnerable Populations	94
Implications for Research and Future Research	96
Strengths and Limitations of the Study	98
Conclusion	99
REFERENCES	100
APPENDICES	109
Appendix A Student Demographic Form	109
Appendix B Faculty Demographic Form.....	110
Appendix C Initial Student Interview Guide	111
Appendix D Initial Faculty Interview Guide	113

LIST OF TABLES

Table 1 Student Demographics.....	46
Table 2 Faculty Demographics.....	46
Table 3 Spradley's Six Ethical Principles.....	53
Table 4 Criteria for Grounded Theory Studies in Social Justice Inquiry.....	57

LIST OF FIGURES

Figure 1 The Theory of Diverse Student Faculty Partnership as Colleagues....92

Chapter 1

Introduction and Aim of this Study

Two recent hallmark nursing studies, the Carnegie Study (Benner, Sutphen, Leonard, & Day, 2010) and the Institution of Medicine (IOM, 2011) have cited two major needs in the current nursing workforce: 1) more nurses with a bachelor's degree and 2) more diversity. While there has been an increase in recent years of diverse candidates in associate degree nursing programs (American Association of Colleges of Nursing [AACN], 2011), very few of these nurses ever attain their bachelor's degree. In fact, according to Nelson (2002), just 14% of all Associate Degree (ADN) prepared nurses return to school to complete their Bachelor of Science in Nursing (BSN) degree; and, 12.1% complete the BSN degree (U. S. Bureau of Health Professions, 2010 p. 61). . In 2015, the National Academies Press published *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. In this publication, they report that although not yet “representative of the diversity of the general U. S. population, the “racial and ethnic diversity in the nursing workforce has been increasing in the 5 years since the Future of Nursing Report has been released”. Although this represents movement in a positive direction, gaps remain. This study will attempt to answer the question: What factors contribute to ethnically and racially diverse Registered Nurses (RN) successfully completing their BSN degree? Its purpose will be to develop a substantive theory that discovers and describes what contributes to ethnically and racially diverse RNs successfully completing their BSN degree.

Need for Bachelor-Prepared Nurses

Currently, RNs are educated at the Diploma, ADN, or BSN levels for entry into practice. There is no distinction of educational level within the title of RN (Mahaffey, 2001). However, nursing administrators believe that BSN prepared nurses possess stronger critical thinking and leadership skills and recognize a difference in competency based on education (Goode, Pinkerton, McCauland, Southard, Graham, & Krsek, 2001). There is also a body of research that demonstrates the connection of improved patient outcomes with a higher percentage of BSN prepared nurses (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Smith, 2009; Blegen, Goode, Park, Vaughn, & Spetz, 2013). Studies with surgical patients found that a higher proportion of BSN or higher prepared nurses correlated with decreased patient mortality and decreased failure to rescue rates (Aiken, Clarke, Cheung, Sloane & Silber 2003; Friese, Lake, Aiken, Silber, & Sochalski, 2008). Estabrooks, Midodzi, Cummings, Ricker and Giovanetti's (2005) study of 18,000 patient outcomes confirmed Aiken's conclusions. So at a time when patients' needs demand the skills and expertise of the professional BSN prepared nurse, only half of the RN workforce is prepared at the BSN or higher level of education (Health Resources and Services Administration [HRSA], 2013).

Today's practice environment requires elements taught in BSN programs including: creative decision making, clinical reasoning, management skills, leadership, case management skills, focus on health promotion, proficient critical thinking skills, and ability to access, understand, and apply research (Joel, 2002; Smith, 2009; Spencer, 2008; Hendricks et al., 2012). These skills will be particularly important as the older generation increases in numbers with the aging of the Baby Boomer Generation (Donley & Flaherty,

2008). The Baby Boomer Generation was born in the post war years between 1943 to 1964 totaling 76.4 million people in 1964 (History, 2010). “Today, the oldest baby boomers are already in their 60s. By 2030, about one in five Americans will be older than 65” (History, 2010). As individuals age, increased use of health care services is anticipated. According to Healthy People 2020 (U.S. Department of Health and Human Services), as individual’s age, they are at high risk of developing chronic conditions requiring increased use of health care services. A criteria for some RN positions now require a BSN degree. A BSN is required in order to be commissioned to the armed forces and the Public Health Service, as well as to work at Veterans Administration facilities (Donley & Flaherty, 2008; AACN, 2012). In July 2012 (ANCC, 2012), one of the criteria for hospitals to achieve Magnet Status was to require all nurse managers and leaders to have a BSN by 2013. Magnet status is a symbol of nursing excellence and superior patient outcomes. The importance of Magnet designation to health care organizations is described on the magnet site: “The Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing” (American Nurses Credentialing Center [ANCC], 2016). Achievement of Magnet status brings benefits to the institution including: attracting highly desirable and talented staff and leaders; achievement of a primary recognition factor in the U.S World & News Report survey; and earning full credit for Safe Practice in the Leapfrog Hospital Survey, “the nation's oldest survey comparing hospital performance in safety, quality and efficiency” (ANCC, 2012).

Magnet status is a symbol that marks the institution as one where excellent patient care can be routinely expected.

The health care environment of today is more complex than in previous decades. Nurses today need to have an understanding of evidence-based care, budget limitations, and patient centered care (Cronenwett, et al., 2007). Clark (2004) cited several factors that impact the complexity of today's health care environment. Nurses are caring for a more knowledgeable patient who effectively communicates his or her expectations and evaluates the quality of the care received. Payers – public and private – have tightened their reimbursement for care provided. Nurses are asked to do more with less. The aging population is projected to increase the need for nursing care, while nurses are aging and retiring from the workforce.

The increasing scrutiny of health care providers' quality of care by the IOM, the ANCC Magnet Recognition Program and the Centers for Medicare and Medicaid emphasizes the need for BSN prepared nurses (Hendricks et al., 2012). The complexity of the care environment requires nurses to be skilled collaborators and leaders of interdisciplinary teams (Cronenwett et al., 2007).

Need for Diversity in the Nursing Force

The 2010 U.S. Census Bureau report showed that although the percent of Non-Hispanic, White population remains the largest population in the U.S., it is the slowest growing population. The Hispanic and Asian populations have experienced the largest growth in the last 10 years. The Census Bureau (2011) reported that 97% of the U.S. population is one race with White Non-Hispanic individuals accounting for 72% of the

population, Black individuals accounting for 13% of population, 5% Asian, 0.9% American Indian and Alaska Native, 0.2% Native Hawaiian or Pacific Islander and 6 % other. The Hispanic population accounts for 16% of the total population, having increased by 43% between 2000 and 2010. Three percent of the population reported being part of more than one race. This population data demonstrates a steady shift away from the current predominantly Caucasian population to a widely diverse population. The Kaiser Family Foundation (2010) analyzed the U.S. Census Bureau statistics and projects that by 2050, the White, Non-Hispanic population will drop to 46.3% of the total population; it will no longer be the dominant race.

The current nursing workforce does not reflect the current population diversity (HRSA, 2010; Sullivan, 2004). Nursing faculty do not reflect population diversity either. In 2010, AACN reported that only “12.6% of full-time nursing school faculty come from minority backgrounds and only 6.2% are male.” This creates a complex problem: achievement of the BSN degree is the gateway to the higher education required for teaching in a nursing program. Consequently, the diversity of future nursing faculty is dependent on diverse students successfully graduating from BSN programs (National Advisory Council on Nurse Education and Practice [NACNEP], 2010).

In order for diverse students to succeed in nursing school, role models mirroring their diversity are important (Olson, 2012). Students who have the opportunity to interact with a diverse student body have the opportunity to gain an understanding of diverse populations from individuals within that population, and are therefore more able to understand the perspective and context of their patients (Etowa, Foster, Vukic, Wittstock, & Youden, 2005; Napierkowski & Pacquiao, 2010). However, the 2016 National

Academies Press Report, A Framework for Educating Health Professionals to Address the Social Determinants of Health makes the point that “increasing the diversity of educational organizations and schools does not necessarily create an environment of inclusivity where students, faculty, staff, and others feel safe in interacting and working with others.” AACN (2011) stated, “Nursing’s leaders recognize a strong connection between a culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care.” Several studies reported that minority health care professionals deliver care that is more culturally competent and that they often serve their own minority population (Saha, Taggart, Komaromy, & Bindman, 2000; Sullivan Commission, 2004). When this match occurs, patients report greater satisfaction with the quality of care they received (Cooper et al., 2003). Congruency of care providers with the patients in their care enhances communication, reduces stereotypes and the impact of those stereotypes on clinical decision making (Napierkowski & Pacquiao, 2010). Patient outcomes are further enhanced when care providers communicate in the language of the patient (Simpson, 2004).

Current Research

As will be seen in Chapter 2, an analysis of the existing literature on nursing preparation reveals a lack of racial and ethnic diversity in the subjects studied in most nursing preparation research. Any description of the diversity status of the sample populations is absent from most studies. Of the reviewed studies for this particular study, those that included a sample population description sampled a primarily Caucasian and female population. Furthermore, there is an overall scarcity of studies of diverse RN-BSN students.

Aiken, Cervero and Johnson-Bailey (2001) characterize this lack of diversity in the literature as establishing the experience of white students as the norm for all. There were few studies of diverse students in nursing programs.

Significance of this Study to Nursing

As demographics continue to shift to a diverse, non-dominant population (U.S. Census Bureau, 2010; Kaiser Family Foundation, 2010; NACNEP, 2010) the need for a more diverse nursing workforce will also increase. Parallel to this demographic shift, the health care environment and those seeking care continue to increase in complexity which requires the skills and expertise of the BSN prepared RN (Clark, 2004; Cronenwett et al., 2007).

The theory developed from this study will aid in the recruitment and retention of diverse students by revealing the social context of diverse RN BSN students. Awareness of the social context will suggest points of intervention for schools of nursing to both recruit and retain diverse RN BSN students. Attracting and retaining diverse RN BSN students will increase the potential of nurses being educated alongside diverse peers and learning about various diverse groups from the emic perspective of their peers (Etowa, Foster, Vukic, Wittstock, & Youden, 2005; Napierkowski & Pacquiao, 2010). Increasing the number of diverse RN BSN prepared nurses will also increase the probability that a diverse patient may receive some of their care from a nurse of their own culture who may demonstrate a better understanding of their cultural characteristics (Napierkowski & Pacquiao, 2010; Saha, Taggart, Komaromy, & Bindman, 2000; Sullivan Commission, 2004).

Increasing the number of diverse BSN prepared nurses will increase the pool of diverse RNs prepared to continue their education as advanced practice nurses (APN) and school of nursing faculty (Benner, et al., 2010). APNs are prepared to provide primary care, lead initiatives and interdisciplinary teams. Diverse APN's have the potential to increase the number of primary care providers for diverse and vulnerable populations and to serve in visible leadership roles that attract diverse students to the nursing profession. Diverse faculty can also serve as role models and mentors for diverse students (Olson, 2012).

Findings from this study may suggest that nurse educators include diverse perspectives in all areas that they teach. This diverse perspective will be more inclusive of diverse students. RN BSN students learning in a diverse classroom have the potential to gain a deeper understanding of populations unlike their own and to apply that understanding to the patients in their care. In addition, findings from this study can be used as a basis for future studies on the recruitment of and successful completion by diverse students in RN BSN programs.

Definition of Terms

Arriving at a definition of diversity was challenging. The word diversity has been used interchangeably with race or minority status; often, it is not defined. For this study, diversity will be defined as self-identified race or ethnicity other than White or Caucasian. This study focus was specifically on diversity of race and ethnicity, though the grounded theory approach allowed for other determinants to emerge from the data. An RN is an individual who is licensed to practice as a Registered Nurse in the United States. An RN BSN program is a program of study designed for RNs prepared

educationally at the Associate Degree or Diploma level to achieve a BSN degree.

Retention is defined as the students remaining in the program to graduation. Finally, Jeffrey's (2007) definition of attrition is used: the loss of students from the program from both students voluntarily dropping out of the program and students who were dismissed from the program.

Conclusion

Both health care and society are experiencing rapid change. Patients present with multiple vulnerabilities and complex conditions. In order to effectively care for this changing patient population within the increasingly complex health care environment, nurses need to be educated at the BSN level. The current health care environment requires the skills emphasized in the BSN program. Adding to the complexity of the health care environment is the increasingly diverse patient population seeking care. Increasing the diversity of the BSN prepared nursing workforce is also an important step toward graduate education and the development of future diverse nursing faculty. In an attempt to reduce the attrition of diverse RN BSN students and increase the number of diverse bachelor-prepared nurses, this study aimed to develop a substantive theory that discovered and describes what factors contribute to ethnically and racially diverse RNs successfully completing their BSN degree.

Chapter 2

Conceptual Framework and Review of the Literature

In this chapter I present a conceptual framework for this research and then review recent hallmark studies of the nursing workforce, studies on factors impacting enrollment and persistence of all students in RN BSN programs, and studies of diverse populations in RN BSN programs. From this review, I developed a rationale for my planned study and explain how it will address current gaps in the literature.

Constructivism as a Conceptual Framework

Constructivism was selected as a conceptual framework for this study because it focuses on the meaning of experience specific to the individual. Guba (1990) shared a strong preference for constructivism and provided a rich description of it. This view purports that reality is socially constructed from multiple, experientially based realities shared among individuals and across cultures. The investigator and the informant are linked and together create the reality of the findings. It is a process that is both hermeneutical and dialectical through shared interpretation of the investigator-informant interactions. Consensus construction is achieved through a compare and contrast analysis of the investigator-informant interactions. The investigator and the informant create a shared understanding of the experience (Guba & Lincoln, 1994; Weaver & Olson, 2006). A constructivist view recognizes multiple, complex realities and “aim[s] to show the complexities of particular worlds, views, and actions” (Charmaz, 2006). This is consistent with the study design of grounded theory, which “is the systematic generation of theory from data acquired by a rigorous research method” (Glaser, 1998, p. 3).

Because the purpose of this grounded theory study is to develop a theory, no additional theoretical framework has been chosen for the study. Corbin and Strauss (2008, p. 67-68) do reference the use of frameworks in the analysis phase as useful to interpret the data, though data analysis absent a framework is consistent with grounded theory. Use of an external framework as a guide to the study is not consistent with grounded theory principles. In grounded theory the theoretical framework emerges from the analysis of the data.

There was no attempt to direct or limit informant knowledge or meaning. Rather, unfocused, open questions were utilized in the interview to verify, clarify, and amplify the informant's perspective; this was done to elicit a rich description of the informant's perspective. The researcher partnered with, but did not direct, the informant. The social and cultural context of the informant was preserved for rich understanding of the informant's perspective. The aim of the researcher as constructivist was "to show the complexities of particular worlds, views, and actions" (Charmaz, 2006). Charmaz (2006) well describes constructivism in grounded theory: "a constructivist approach places priority on the phenomena of study and sees both data and analysis as created from shared experiences and relationships with participants and other sources of data (p. 130)." This constructivist approach took an emic view of the phenomenon of study. Both the data and the analysis were socially constructed by the informants and the researcher. Interview guides modeled after Spradley's (1979) interview guide and the grounded theory analysis process were congruent with a constructivist approach and further described in Chapter 3.

A constructivist approach for this study was most consistent with the findings of the following literature review which reveals a wide range of factors that impact enrollment and persistence in an RN BSN program. Personal and professional, employer, and academic factors were all demonstrated in the literature to impact RN BSN students. Constructivism does not limit the informant's response; it allows the informant to share the complexity of their situation, from their perspective without direction or limits.

Two Hallmark Nursing studies

In 2010, in response to the rapidly shifting and increasingly complex health care environment and the concurrent shortage of nurses, the Carnegie Foundation released their hallmark study, *Educating Nurses A Call For Radical Transformation*. The study team reviewed the literature, conducted three-day on-site reviews at nine schools of nursing, and conducted three national surveys. The surveys of faculty and students were conducted in collaboration with major nursing organizations including the National Student Nurse Association (NSNA), the American Association of Colleges of Nursing (AACN), and the National League for Nursing (NLN). Two of the recommendations identified by the Carnegie study were important to this study. The Carnegie study identified that there are currently "multiple educational pathways into the profession" (Benner, Sutphen, Leonard, & Day, 2010, p. 33). A BSN degree is not required to sit for licensing exams, nor to practice as a Registered Nurse. Nursing graduates can be licensed and practice as RNs after graduation from an associate degree, diploma, or bachelor's nursing program. The Carnegie study called for the BSN as the minimum for entry into practice citing the complexities of the current and future U.S. health care system including a shift to an emphasis on cost, widening health inequities, need for a

focus on preventive care, increasing diversity of health care recipients, an aging population, and rapid, continuous advances in technology and medical and nursing knowledge. A second recommendation of the study was to increase the diversity of the faculty and the nursing students. The study noted that “African Americans, Hispanic Americans, Asian Americans, and American Indians are underrepresented in nursing” (Benner, et al., 2010, p. 217). Noting that the diversity of the nursing profession does not reflect that of the population, the report called for strategies such as financial support, effective recruitment, and retention strategies. This lack of diversity has a negative impact on nurses’ abilities to care for patients and their family in a way that incorporates their concerns and attitudes (Benner, et al., 2010). The study also reported that diverse nursing students were more likely to enroll in a BSN program and to pursue graduate study than non-diverse nursing students. Consequently, the support of diverse nursing students would lead to a more diverse nursing faculty.

The second study was completed through a partnership between the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM). The committee created by this partnership was charged with examining “the capacity of the nursing workforce to meet the demands of a reformed health care and public health system” and to “produce an action-oriented blueprint for the future of nursing” (IOM, 2011, p. S-2). *The Future of Nursing: Leading Change, Advancing Health* was released in 2011. This report also recommended higher levels of nursing education, citing the same issues as the Carnegie report, which include the multiple pathways of education and the increasing complexity of the health care environment. Furthermore, The Future of Nursing report cited additional reasons for the importance of higher education levels for nursing: the

shift in practice to primary care and community health settings, management of chronic diseases, and the importance of interdisciplinary collaboration. Recommendation 4 of the report stated, “Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.” The recommendation also suggests that “Academic nurse leaders should partner with health care organizations, leaders from primary and secondary school systems, and other community organizations to recruit and advance diverse nursing students” (IOM, 2011, p. S-10). The report provides a vision for a future health care system “that makes quality care accessible to the diverse populations of the United States” (IOM, 2011, p. S-1).

Studies on Factors Impacting Enrollment and Persistence in RN BSN Programs

Most nurses do not see education for entry into practice as an issue, an opinion not aided by the lack of institutional policy differentiating levels of practice by education (Altmann, 2012; Smith, 2009). A lack of cohesion and a lack of agreement around education for entry into practice is a central problem in moving this issue forward (Smith, 2009). A review of the studies that investigate the reasons ADN prepared nurses do not return and successfully complete a BSN program reveals three major areas of concern: personal and professional, employer, and academic issues.

Personal and Professional Factors

Studies found that RNs who return to school for their BSN degree demonstrate intrinsic motivation. Personal satisfaction, personal growth, ambition and accomplishment, improved job satisfaction, and a feeling of empowerment are cited as reasons to pursue a BSN degree (Alamri & Sharts-Hopko, 2015; Delaney & Piscopo,

2004; Diaz, 2015; Dowell, 2000; Leonard, 2003; National Advisory Council on Nurse Education and Practice, 2001; Sarver, Cichra & Kline, 2015; Zuzelo, 2001). They exhibit clear goals and a desire to learn (Lillibridge & Fox, 2005; Megginson, 2008). They plan their school schedule to fit in with their life, rather than arranging their life to fit in with school (Zuzelo, 2001). Other studies found ADN nurses returned to school to gain the qualifications to work in positions that do not require traditional 365 day nursing scheduling (Megginson, 2008). Nurses reported that having balance in their lives, feeling that this is the right time in their life to return to school, a positive relationship with family, and having support from their family and friends (Dean, 1997; McGrath, 2008; Megginson, 2008; Perfetto, 2015; Zuzelo, 2001) are all critical aspects of successfully returning to school.

Studies identify a variety of professional factors that impact the situation involved with associate degree prepared nurses returning to and completing RN completion programs. Earning a BSN degree is viewed as opening professional opportunities, an opinion cited by many authors of studies in the form of promotion and career advancement (Delaney & Piscopo, 2004; Leonard, 2003; Lillibridge & Fox, 2005; Megginson, 2008; Spencer, 2008; Zuzelo, 2001) and as a path away from the clinical setting (National Advisory Council on Nurse Education and Practice), 2001; Spencer, 2008). Personal growth and the opportunity to expand clinical knowledge (Delaney & Piscopo, 2004; Leonard, 2003; Spencer, 2008), exposure to new people, ideas, and ways of thinking (Dean, 1997; Dowell, 2000; Leonard, 2003; Zuzelo, 2001), and a desire to increase professional identity (Delaney & Piscopo, 2004; Leonard, 2003; McGrath, 2008; Megginson, 2008; Sarver, Cichra, & Kline, 2015; Zuzelo, 2001) were prevalent intrinsic

motivations for returning to school. Other studies identified the need for the BSN as a pre-requisite to certification (Delaney & Piscopo, 2004; Zuzelo, 2001) and graduate school (Alamri & Shaarts-Hopko, 2015; Leonard, 2003; Spencer, 2008; VanHouden & Bonnel, 2007; Zuzelo, 2001) as the driving forces behind the return to school. The achievement of the BSN degree was described as recognition that positioned the RN for the future (Delaney & Piscopo, 2004), increasing their professional market value (Dowell, 2000; Leonard, 2003), and positioning for continued changes in the health care environment (Dean, 1997; Zuzelo, 2001).

Perfetto (2015) conducted a metasynthesis of qualitative research studies to answer the question “What is the experience of registered nurses who return to school to earn a baccalaureate degree in nursing?” Thirteen studies were included in the final sample; five were unpublished doctoral dissertations. The studies were analyzed following Noblit and Hare’s method. In total, these studies included qualitative data from 324 nurses from the United States and Canada who were between 19 and 62 years of age. Analysis of these 13 studies revealed seven themes: I am ready to assume responsibility for this challenging life-altering journey; Please value what I bring and help me get ready; Though this is part of my plan, it may create feelings that I might not be ready for; It has to fit with my life; I don’t want to do this alone; I need help to get there; I am growing personally and professionally and beginning to look at my work differently. The themes identified by Perfetto are consistent with the other studies analyzed for this study. With this study Perfetto discovered important data about “the experiences [of RN’s returning to school] that can assist in the construction of educational pathways that work for all.” This was a well done metasynthesis with clearly

identified inclusion and exclusion criteria. Perfetto concluded that there is a need for additional research to look at models of RN BSN education that address both the experience and talent, and the unique challenges that these students bring to their programs.

Three elements were consistently identified as personal and professional barriers: time, money, and skills. Time was the most prevalent barrier to returning to school (Leonard, 2003; McGrath, 2008; Megginson, 2008; Morgenthaler, 2009; Morrison & McNulty, 2012; Sarver, Cichra, & Kline, 2015; Spencer, 2008; VanHouden & Bonnel, 2007). Specific time-related factors cited included: family and work responsibilities, and juggling the associated multiple role demands as most challenging (Babbo, Fought, Holk, Mulligan, & Perrone, 2013; Delaney & Piscopo, 2004; Dowell, 2000; Duffy et al., 2014; National Advisory Council on Nurse Education and Practice, 2001; Leonard, 2003; Lillibridge & Fox, 2005; Perfetto, 2015; Robbins & Hoke, 2013; Strong, 2014; VanHouden & Bonnel, 2007; Waite, Coleman, & Tavolaro-Ryley, 2009; Zuzelo, 2001). The students surveyed recognized that their return to school was stressful for their families (Dean, 1997; Dowell, 2000; Leonard, 2003; Megginson, 2008; Zuzelo, 2001); one study demonstrated that students cope with this stressor by prioritizing their home life above school, not vice versa (Zuzelo, 2001).

A second identified barrier was money. A lack of financial support, concern about financial issues in general, and limited resources restricted the return to school (Alamri & Sharts-Hopko, 2015; Altman, 2012; Delaney & Piscopo, 2004; Dowell, 2000; Duffy et al., 2014; Leonard, 2003; Megginson, 2008; Robbins & Hoke, 2013; Sarver, Cichra & Kline, 2015; VanHouden & Bonnel, 2007; Waite, et al., 2009; Williams, Hall,

& Papenhausen, 2005). The specific expense concerns identified were the costs of tuition and books (Zuzelo, 2001) and the lack of return on investment for older nurses (Delaney & Piscopo, 2004; Graf, 2006; Leonard, 2003; McGrath, 2008; Morgenthaler, 2009). For more than half of the ADN prepared nursing workforce, the cost of completing a BSN degree exceeded the increased lifetime earnings that would be anticipated (VanHouden & Bonnel, 2007).

Studies also identified learning related barriers including study methods, writing, and technology skills. Students reported a significant difficulty in developing efficient study methods (Leonard, 2003) and anxiety related to poor writing skills (Megginson, 2008; Osborne, 1990; Zuzelo, 2001). Nurses who had been out of school for a number of years had not had the opportunity to write or continue to develop study skills, and therefore needed assistance to do so. The increased routine use of technology in education presents an additional barrier (Leonard, 2003; Megginson, 2008; Zuzelo, 2001). Many returning students did not use computers and technology in their original program, creating another learning-related dilemma to success in the program.

Employer Factors

Studies identified the actions taken by employers to reward nurses' efforts to complete a BSN degree as prime motivators in the decision to return to school. Establishing incentives (Delaney & Piscopo, 2004; Zuzelo, 2001), providing a salary increase (Graf, 2006; McGrath, 2008), and the opportunity for promotion once the degree was completed (McGrath, 2008; Spencer, 2008) all positively impacted the nurses' decision to return to school. Implementing programs to help them deal with personal issues such as scheduling (Dean, 1997; Delaney & Piscopo, 2004; McGrath, 2008;

VanHouden & Bonnel, 2007) and tuition reimbursement (Altmann, 2012; Dean, 1997; Delaney & Piscopo, 2004; Leonard, 2003; McGrath, 2008) enabled students to return to school. Also, encouragement from managers and peers created a positive attitude about returning to school (Megginson, 2008; Zuzelo, 2001).

Several barriers or disincentives were identified in the studies. Equal treatment of registered nurses prepared at the associate degree, diploma, and baccalaureate level was a disincentive for study participants (Dean, 1997; Dowell, 2000; Leonard, 2003; Megginson, 2008; Zuzelo, 2001). Data from these studies reported no advantage related to wages, career advancement, and promotion opportunities or care assignments for them to complete a BSN program. There was no different treatment in the work environment for attaining the BSN degree. One study reported participants' frustration with the lack of acknowledgement of their accomplishment in completing the BSN program (Zuzelo, 2001). They felt their work to attain the degree was discounted. A related issue was the lack of support from peers and managers (Alamri & Sharts-Hopko, 2015; Dean, 1997; Dowell, 2000; Lillibridge & Fox, 2005; Spencer, 2008; Zuzelo, 2001). Participants reported that peers felt education was not as important in clinical practice as experience (Lillibridge & Fox, 2005), and employers were coercing or forcing staff to return to school for a degree that was perceived to provide no benefit to the individual nurse (Alamri & Sharts-Hopko, 2015; Delaney & Piscopo, 2004; Lillibridge & Fox, 2005; Spencer, 2008; Zuzelo, 2001).

Academic Factors

Studies identified several ways that schools could meet the unique needs of the undergraduate nursing student. The admission process was difficult for some students. Schools required online applications and the students lacked the computer skills necessary to complete the online application (Leonard, 2003). Students were looking for easy acceptance and transfer of credits from previous education, as well as knowledgeable and accessible advisors (Cangelosi, 2006; Dean, 1997; Delaney & Piscopo, 2004; Leonard, 2003; Osborne, 1990; Zuzelo, 2001). Once in the program, students expected to be treated as adult learners (Boylston, Peters, & Lacey, 2004; Dean, 1997; Osborne, 1990; VanHouden & Bonnel, 2007; Zuzelo, 2001) and have classes separate from basic students (Cangelosi, 2006; Dean, 1997; Zuzelo, 2001). They reported looking for an environment where their knowledge and expertise were respected and discussions in class reflect their clinical practice and expertise. They were also looking for creative curriculum options including an accelerated curriculum (Dean, 1997; Spencer, 2008; Zuzelo, 2001) with classes scheduled to meet the needs of working adults (Leonard, 2003; Zuzelo, 2001). Studies identified a variety of course delivery options preferred by students including on line (Delaney & Piscopo, 2004; Graf, 2006; Leonard, 2003; VanHouden & Bonnel, 2007), face to face (Megginson, 2008), and courses held on site at their employer (Graf, 2006). Flexibility in choosing the delivery method best suited to their learning needs was important. Students also identified the need for financial assistance in the form of scholarships, grants, and loans (Delaney & Piscopo, 2004; Leonard, 2003; McGrath, 2008; VanHouden & Bonnel, 2007).

Academic factors that made returning to school more difficult for students were identified in several studies. Lack of quality advising (Dean, 1997; Zuzelo, 2001) and poor communication (Zuzelo, 2001) created stress for students. Many students were returning to school after long periods away and sought help to navigate unfamiliar systems. Students reported being further frustrated with a lack of credit for experience (Dean, 1997; Megginson, 2008; Osborne, 1990; Spencer, 2008), seen in the requirements to take courses perceived as redundant and to take tests to prove competency (Dean, 1997; Lillibridge & Fox, 2005; Megginson, 2008; Osborne, 1990). This was further exacerbated when the RN BSN students were in class with basic students with whom they felt they had nothing in common (Cangelosi, 2006; Lillibridge & Fox, 2005). Requirements for full time study added stress to their already demanding lives (Dean, 1997; VanHouden & Bonnel, 2007). Students juggling multiple roles and full time jobs wanted the option for part time study.

Zuzelo's (2001) study supported many of the issues surfaced by the other studies reported here. For this study, five focus groups were conducted. In total, there were 35 subjects who were female, predominantly Caucasian, "within four courses of degree completion and currently employed as professional nurses." The focus groups were conducted at "five private institutions offering BSN programs." "Four of the schools had a religious affiliation whereas the fifth program was nonsectarian." Focus groups were audiotaped and copies of the questions were given to the participants before the session. The sessions were conducted by the researcher with a research assistant recording observations. Participants had the opportunity to clarify or refute the researcher's summary of the group at the end of the session. Audio recordings were transcribed and

analyzed. Identified themes were confirmed by a group of nine RN BSN students as consistent with their experience. Eighteen themes were identified: Seeing the BSN as a stepping stone; Wanting a college degree; Preparing for a future which includes work; Being encouraged to seek the degree; Questioning the future after obtaining the BSN; Feeling negative about the perceived necessity of the BSN; Arranging school to fit life events/relationships; Recognizing the extracurricular bonuses associated with going back to school; Sensing a transformation of self; Recognizing professional growth; Transitioning to baccalaureate nursing; Identifying helpful program characteristics; Experiencing anxiety about RN BSN program; Preparing for graduate studies; Feeling concerned about tuition reimbursement; Feeling valued; Encountering obstacles and Making suggestions for improvement. There is consistency between these themes and the themes identified in this paper from the literature review. The participants in this study were concerned about managing competing demands on their time such as family, work and school; having the technical skills to navigate the educational environment; concerns about the admission process and advisors; anxiety about writing papers; and balancing the financial demands of school and family. This study provided rich support for and description of the subthemes for each of the identified themes.

These findings provide some context for directly answering my research question: How do diverse ADN prepared RNs experience returning to school and successfully complete their BSN degree? Although there has been an increase in baccalaureate prepared nurses, only half of today's practicing nurses are prepared at the BSN level (National Academies, 2015). Key factors identified in these studies that affect student enrollment and completion of a BSN completion program include: personal and

professional factors, time, money, skills, study methods, writing, technology, lack of advantage or acknowledgement for completing the BSN degree, need for financial tuition assistance, insufficient advising and lack of recognition for their experience as a nurse.

In general, these studies relied on surveys, questionnaires, and/or interviews as data sources. Taken, together there was significant agreement on the factors influencing enrollment and retention across these studies. However, a major limitation in these studies was that little demographic information about any of the groups included in the articles was provided; consequently, it is difficult to evaluate the extent to which diverse populations were included. Of the studies reviewed, those that did provide demographic information, the study populations tended to be primarily Caucasian females (Altmann, 2012; Boylston, Peters, & Lacey, 2004; Cangelosi, 2006; Delaney, & Piscopo, 2004; Dowell, 2000; Graf, 2006; Leonard, 2006; Lillibridge, & Fox, 2005; Zuzelo, 2001).

Studies on Diverse Students in Nursing Programs

While literature on diversity in RN BSN programs is limited, three literature reviews and three studies on diversity in nursing education in general are relevant to this study.

Literature Reviews

Pitt, Powis, Levett-Jones, and Hunter (2012) conducted an integrated literature review using Whittemore and Knafl's framework with the aim to "identify factors that influence academic performance, clinical performance and attrition in preregistration nursing education." MEDLINE, CINAHL, Proquest Nursing, Proquest Education, ERIC, Journals@Ovid, psychINFO, and ScienceDirect were searched using the four

search categories nursing student, academic performance, clinical performance and attrition from 1999-2015. The author then hand searched the reference lists from selected sources. The search yielded 2462 potential sources; 44 of these met the inclusion criteria including both qualitative and quantitative studies, undergraduate nursing programs, English language, and university or college program. To further analyze the literature for inclusion in the review, Bowling's checklist was applied to the quantitative studies and the Qualitative Assessment and Review Instrument (QARI) was used to assess the qualitative studies. Through analysis of the included studies, the authors identified factors that influenced academic and clinical performance or attrition. These factors were then grouped into four categories, including: demographic, academic, cognitive, and personality/behavior. A limiting factor of this review is that it included all levels of undergraduate nursing education programs: BSN, ADN, and diploma programs.

The authors reported that no studies were found that examined the impact of ethnicity on attrition. Two studies in the review had contrasting findings. They reported on an Australian study of first year English-as-a-Second Language (ESL) BSN students that found the ESL students had higher grades in the first four semester courses. An interesting finding was that the ESL students who experienced failure in courses did not link the failure to language. They linked their failure to discrimination and stereotyping. The second study from the United Kingdom found high performance in ethnic minority students. In further analysis of the study, it was discovered that only 10% of the sample were actual ESL students; all others were from English speaking countries. The authors recommended identifying ESL students by their actual language abilities and not their

country of origin. It was also discovered that 30% of ESL students withdrew from the program because they did not meet academic standards.

Torregosa and Morin (2012) conducted a literature review focused specifically on the impact of programmatic and teaching initiatives in improving the academic success of ethnically diverse nursing students. A search was conducted of the literature through the Cumulative Index to Nursing and Allied Health Literature and MEDLINE databases from 2000-2011 using the data base specific subject headings. The CINAHL subject headings used included groupings of student retention, students, and nursing; education and nursing; education nursing, and baccalaureate; students, nursing, and baccalaureate; minority groups; academic achievement, academic performance or mentorship and student recruitment. The MEDLINE search used the search terms minority groups, nursing, and mentors in combination. Of the 230 articles retrieved in these searches, 22 articles were selected for analysis based on exclusion criteria including dissertations, unpublished articles, and letters to the editor, opinion articles, and the experiences of students in the nursing program and the associated barriers or challenges encountered within that program.

From this review of literature, the authors identified five strategies implemented by nursing faculty aimed at addressing the academic success of ethnically diverse students. These studies did not specifically define academic success. The authors referred to elements of academic success including improved test scores, graduation rates and pass rates on the National Council Licensure Examination (NCLEX). Peer mentoring was identified in eight reports. Peer mentors were used as language partners for ESL students, upper classmen were mentors to lower classmen, and pre-nursing

students were mentored prior to beginning the nursing programs. All studies reviewed reported positive outcomes in academic success as described above, however, the authors found a lack of theoretical underpinnings. The authors also reported that peer mentoring strategies were presented along with other strategies, thus leading to an uncertainty of whether peer mentoring or other factors led to these positive outcomes. Faculty mentoring in either a formal and structured, or informal and unstructured, relationship with students was discussed in seven studies; this marked a second strategy identified in the literature. The authors found issues with sample self-selection, lack of control of extraneous factors, and an inconsistent or weak impact of the mentoring intervention on student performance. Another strategy – social networking – displayed a positive effect on retention rates, student satisfaction, and NCLEX pass rates. However, the authors determined that the studies lacked inclusion criteria, a clear definition of “social networking,” or clarity of the statistical analysis used to analyze results in the studies. Academic support was cited in 21 studies; the studies reviewed were found to be narrative reports lacking systematic measurement or control of extraneous factors. The final factor, financial support, surfaced in six studies; however, the evidence was found to be anecdotal and lacking in the statistical evidence necessary to support a claim for a relationship between financial support and student success.

The authors presented a sound search and inclusion strategy for this literature review and a balanced critique of the articles. They provided support for their findings from the literature and drew the reasonable conclusion that the evidence is inconclusive for the strategies identified due to “conceptual and methodological limitations” in the existing literature (p. 73). The authors offered recommendations for both policy and

further research. Some of these recommendations flow directly from their analysis in this review, including the need for systematic studies with systematic measurement, replication of studies, and designing studies grounded in theoretical principles. Two recommendations do not seem to follow from their literature analysis: the first is a caution to implement peer mentoring programs in a manner that does not target certain students; the second is an emphasis to draw on social capital methodologies and social network analysis in order to address the gaps in nursing literature.

Olson (2012) conducted a literature review focused specifically on bridges and barriers to success for ESL nursing students. The databases of Academic Search Premier, CINAHL, PubMed, Dissertation Abstracts International (DAI), and Education Resources Information Center (ERIC) were searched for the dates 2002 to 2009 using the terms “English language” and “barriers for ESL nursing students.” The authors excluded articles focused on native English speaking minority students and graduate students. Twenty-five of the initial eighty-seven articles were retained for analysis. Lincoln and Guba’s (1985) trustworthiness criteria were used to critique the qualitative studies. The quantitative research studies were critiqued for evidence of statistical significance.

Analysis of the included articles yielded bridges and barriers in the following categories: language, cultural, academic, and personal. Language barriers included reading comprehension and speed, writing, grammar and syntax, and technical and discipline language (Olson, 2012). Speaking and listening were also identified as barriers that directly impacted communication between patients and nursing staff. Bridges that were identified as helping overcome the barriers included the audiotaping of lectures and providing class notes, copies of lecture slides, and giving vocabulary journals to the

students. Language support programs were helpful and study groups of mixed English and ESL students were found to be particularly helpful.

Cultural barriers involved conflicts between the students' culture and the culture of the institution (Olson, 2012). This surfaced in teaching-learning where nursing curriculum and teaching methods are largely Caucasian and Western medicine based; this occurred when teacher-learner communication common in one culture is considered disrespectful in another. For example, students being culturally respectful by not interrupting their faculty could be perceived as not participating in class or as being unprepared for class. Additionally, where racial stereotyping of students existed there was a lack of support and availability of faculty that created barriers to learning for diverse students. Bridges that addressed these issues identified in the literature included increased faculty cultural competence and sensitivity and faculty offering emotional support to students. Specific bridges reported in the literature included both faculty action and faculty development. Faculty action in developing a personal relationship with the students, particularly developed to a mentor relationship, served as a bridge to diverse students (Torregosa & Morin, 2012). Nnedu (2009) reported on the success of faculty development workshops to increase faculty member's cultural competence. Concepts of self-assessment and the influence of culture on students' learning were central to enhanced faculty development. The academic barriers centered on the language and cultural issues of multiple choice tests, reading ability, and the impact of culture on therapeutic communication. Bridges to overcome these barriers included test-taking strategy sessions that included cultural interpretation of test items for the students and faculty writing test items that are clear, direct, highlighting key words and use

common language. Common language refers to the avoidance of slang and words that have multiple different meanings on tests, in lectures and in discussions. Students reported feelings of loneliness and alienation were among the most prevalent personal barriers to success. A lack of culturally congruent faculty and peers was a major contributing factor of these feelings. Financial concerns were also seen; insufficient financial aid to support all of their education and family responsibilities were cited as personal barriers. Peer support was instrumental in decreasing loneliness and alienation, while family support was critical to student success. Personal determination and self-motivation were found to be strong positive forces.

This study focused on one aspect of diversity. It was a well-written analysis of the literature on barriers and bridges to success for ESL nursing students. The author clearly identified limitations of the studies analyzed. Language issues were identified as the primary factor impacting ESL students' success in nursing programs. These language issues include all forms of speaking, reading, and comprehension. ESL students may take longer to read, speak and comprehend spoken word because they need to translate the language to their own language and then back to English (Olson, 2012). Other factors discovered were discussed and integrated into the final complex picture of the bridges and barriers that impact ESL nursing students' success.

Research Studies on Diverse Students in Nursing Programs

Several research studies were reported in the literature that dealt with diverse students in nursing programs. Gardner (2005) and Napierkowski and Pacquiao (2010) studied the facilitators and barriers to culturally diverse nursing students' success. Themes identified in both studies are shown in Table 1 below. Both studies identified

loneliness and social isolation as significant barriers to diverse students' success; a strong need for individualized faculty support was found as a facilitator to student success.

There was also a similarity in themes related to the student's cultural interaction with the culture of the institution, faculty, and peers. Gardner's study brought to the surface additional themes related to resilience, including the students' determination to overcome odds and complete the program as a step to build a better future. Napierkowski and Pacquiao separated themes into student and faculty categories and revealed themes related to language and the needs of ESL students. Some of the differences in themes between these studies may be accounted for in the divergent study populations.

Gardner's study population consisted of fifteen students who were between 22 and 47 years old; nine were foreign born and all lived in the United States for at least 4 years. The race/ethnicity of this population included; "3 East Indians, 2 Hispanics, 2 Hmong (Laotian), 2 African Americans, 2 Nigerians, 1 Filipino, 1 Nepalese, 1 Vietnamese and 1 Chinese" (p. 156). Gardner's study participants had completed at least two semesters of the program and were full time students at one of three large campuses, 4-year public universities with an average student body of 16,000. Napierkowski and Pacquiao's study population consisted of 12 student participants enrolled in the first year of the program and 5 faculty participants. Student participants ranged between 18 and 45 years of age and self-identified as African, Asian, and Hispanic. "Ten different languages were spoken by the participants at home"; most had spoken English for more than 10 years (p. 12). Study participants were from an accelerated BSN program. These studies focused on students at different points in the nursing program. Gardner's study focused on students in 4-year public universities who had completed 2 semesters of the

program, while Napierkowski and Pacquiao's study focused on first year students in an accelerated BSN program. Students who had completed a full year of the program may have already normalized some institutional routines and cultures and developed methods for coping with some of the initial barriers experienced in the program. Inclusion criteria in Napierkowski and Pacquiao's study included a focus on language, while Gardner's study did not. Napierkowski and Pacquiao's study added the dimension of the faculty perception of student's barriers and facilitators to academic success.

Student themes identified by Gardner included: Loneliness and isolation; Differentness; Absence of acknowledgment of individuality from teachers; Peers' lack of understanding and knowledge about cultural differences; Desiring support from teachers; Coping with insensitivity and discrimination; Determination to build a better future; and Overcoming obstacles. Napierkowski and Pacquiao's study surfaced student themes including: Cultural norms influence individual/family roles and expectations; Need to balance traditions with dominant cultural norms and school demands; Effect of migration on social support; Negotiating with a different language, and teaching-learning and evaluation norms; Perceived facilitators of academic success; and Recommended strategies to enhance success of culturally diverse students. Faculty themes from this study included: Accelerated pace of program poses much difficulty for ESL students; Foundation in biological and behavioral sciences eases transition to the program; Significance of peer support; Need for faculty to address ESL students' unique needs; and Cultural understanding as the base for helping students. Both studies discussed the incongruence experienced by diverse students who have different cultural norms at home than in school and the negative impact that has on their ability to be successful in school.

This was seen in both the diverse student's reluctance to discuss concerns with faculty and negative academic outcomes.

Nnedu (2009) reported on a mixed method study of a project intended to improve the recruitment and retention of minorities at the historically black Tuskegee University in Macon County, Alabama. Using a multi-focal approach, Nnedu targeted prospective nursing students while they were in high school, provided strategies to students in the nursing program, and provided for faculty development of cultural competence. High school strategies included establishing contact with and providing information to high school counselors, increasing nursing visibility, providing mentorship by establishing a Future Nurses of America Organization, and offering a summer enrichment program to supplement academic skills. Advising, counseling, and mentoring were provided to students to improve retention. Specific interventions directed to improve retention included seminars on test-taking and study skills, time and stress management, tutorials for the science courses, supplemental reviews of course material, and implementing a process to identify students experiencing academic difficulties quickly. In order to create faculty development workshops to improve high school faculty cultural competence, faculty cultural competence was assessed with Campina-Bacote's (2002) revised inventory that assessed the process of gaining cultural competence among healthcare professionals; the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCCR). Faculty workshops were held to address the gaps identified through the assessment. This project also offered a monthly stipend of \$200.00 to students who met the criteria of financial need, participated in all program activities, maintained a grade point average of at least 2.5 on a four point scale, and kept

regular communication with the project coordinator. Both recruitment and retention improved as a result of the program.

Although this article provided an overview of the project, it did not provide a great deal of hard data. The article included only a few statistics and numeric reporting – applicants applied, accepted, enrolled, denied, and the enrollment increase of minority students. No post-workshop assessment of faculty cultural competence was reported; likewise, there was no validation of the effectiveness of the workshops. The author's conclusions flow logically from the article, but there were not enough data to support them in this article.

Evans (2008) reported on a study comparing and contrasting Hispanic/Latino and American Indian BSN students' views of the barriers to success in the RN BSN program with those of Anglo BSN students. This 3-year study reports on the student-identified barriers and suggests implementation of a caring curriculum to mediate the identified barriers. Guided by Watson's Theory of Human Caring (1985), and working with a Bureau of Health Professions Nursing Workforce Diversity Grant, this qualitative study utilized a semi structured interview protocol to interview participants from 2 private and 2 public colleges and universities. To meet inclusion criteria, participants completed pre-requisite and lower division courses at colleges near their homes or at one of the institutions in the study. The Hispanic/Latino and American Indian participants were from a lower socioeconomic status, ranged in age from 21 to 42, and attended "less well-funded secondary schools" (p. 206) than the Anglo participants.

Thematic analysis of interview data revealed personal and academic barriers to success. Personal barriers included a lack of educational resources. Few of the minority

students had parents that had attended college or were able to provide financial support for college. Family obligations were of greater concern for the minority students than financial issues. For diverse students, culture dictates family time and takes precedence over all other activities and priorities. School and schoolwork are a lower priority than family time and activities. Minority students reported choosing family obligations over study time. Anglo students shared diverse students' scheduling challenges between work and school, but were not faced with the same concerns about family obligations. Anglo students also reported receiving scholarships and grants; minority students did not report receiving any grants or scholarships. The Anglo students' comments about family concerned the loss of support from family and peers as a result of geographic distance. Academic factors encountered by minority students included feeling uncomfortable as a minority in the school and encountering faculty discrimination in clinical situations. Most minority students reported good peer relationships, but two participants reported a lack of camaraderie among peers and a feeling of token status as a minority. Minority students reported discomfort with the lack of minority faculty on campus. The authors also reported that the Anglo faculty lacked awareness of the ethnocentric nature of the curriculum, which left the students feeling that they were in a culture dominated by White privilege rather than any concern for non-White Students. Anglo students also reported good peer relationships and the use of peers and friends for support. Both the minority and Anglo students found the academic workload to be very heavy. Minority students reported a lack of contact with faculty and lack of personal relationships with faculty. The minority students were also concerned about the increase in expectations

from high school to college. This led to a fear of failure in this new academic setting. This was not a feeling shared by the Anglo students.

Although this was a small study, it does provide a perspective on the experiences of the Anglo and the minority nursing students and the similarities and challenges faced by each group. Because of the importance of culture, the mix of Hispanic/Latino and American Indian cultures in this study may have confounded the data. Although there were shared similarities between the cultures, the expression of American Indian culture included some students with negative attitudes connected to their culture's historical experiences.

Although the preceding studies focused on minority students, a limitation is that they did not focus specifically on minority students in an RN BSN completion program. Only one study that I could locate looked specifically at Black women in RN BSN completion programs. Aiken, Cervero, and Bailey's (2000) study reported on how "structural factors affect the participation of Black women in RN completion programs" (p. 40). This qualitative study was grounded in a Black feminist theoretical perspective. Participant inclusion criteria included self-identification as a Black woman enrolled in at least the second semester and completion of one clinical course. The study sample included eight participants who were students in an RN BSN program and two who had recently graduated from an RN BSN program. A semi-structured interview format was utilized and the data were analyzed by constant comparative analysis to identify themes. Themes identified included motivation and racism. Motivation was further described as the internal motivation of the individual including spirituality in the form of God as motivator and support. External motivators included social mobility, career mobility, the

provision of tuition reimbursement, and being treated as an adult learner. Institutional motivators identified in this study included faculty availability and relationships, the opportunity to be taught and mentored by a Black faculty, and flexible scheduling. The authors reported that the racist theme was identified through denial, injustice, or psychological distress. Participants reported denial of racism as a means to cope with racism. Participants justified the presence of racist behaviors as prevalent and normal. Injustice in education was “manifested by way of intimidation, difference in treatment, silence, misdiagnosis, being ignored and humiliation”. Participants reported injustice occurring in both academic and work situations.

This study offers insights from the perspective of Black women in an RN BSN completion program. However, the study was limited in its use of data supporting themes. The article reported little data to support the themes identified. The participants quotes included were descriptive, but limited. Support with additional quotes from the data would strengthen the identified themes. The design of this study could be strengthened by explicitly connecting the interview guide to the literature and inclusion of a content expert in the analysis of the data.

Narin, Hardy, Harling, Parumal and Narayanasamy (2012) approached diversity from the perspective of the nurse lecturer. They conducted qualitative interviews of eight lecturers in a nursing school in the United Kingdom. The interviews were “open ended, to allow the respondents to interpret and make sense of the issues on their terms”. Their questions focused on racism, culture, political correctness, strategies for the classroom to address issues, and cultural diversity in the curriculum. They concluded that lecturers felt unprepared to address cultural diversity in the classroom and curriculum. Feeling

unprepared for the topic and uncertain of political correctness led to a lack of confidence in their ability to manage discussions around the issues of cultural diversity.

Diaz, Clarke, and Gatua (2015) conducted a study of faculty in community colleges and universities in rural areas to determine the level of inclusion of concepts of culture and diversity throughout the curriculum. Their sample size was large (N = 102) and mirrored the homogeneity of the population. They found concepts of culture and diversity were not well integrated into the curriculum as assessed through course syllabi. This was more prevalent in the universities and the authors speculated that this may have been related to universities having more freedom to develop their syllabi independently. The authors concluded that faculty understanding of culture was narrow and needed “broader conceptualization, with emphases on inclusivity and social justice, is imperative to address disparities of health and health equity.

There is good agreement on barriers to program completion in studies of RN BSN students that did not specify participants’ diversity or, if specified, the sample demographics were primarily Caucasian and female. The literature on diverse students in an RN BSN program was limited; with only one study that focused specifically on a diverse population in an RN BSN program. The studies of faculty preparedness to include concepts of culture throughout the curriculum were limited and did not directly address the RN BSN students. Analysis of available literature reveals a gap in literature addressing the study question.

Assumptions

The following assumptions are congruent with the researcher's analysis of the literature reviewed and the phenomenon of interest in this study: the experiences of ethnically and racially diverse RNs returning to an RN BSN program.

1. Diverse and non-diverse RN BSN students share some personal, academic, and institutional bridges and barriers to success.
2. Diverse and non-diverse RN BSN students have some unique bridges and barriers to success.
3. Understanding the experience of diverse RN BSN students will lead to interventions that will improve their experience.
4. Diversity of RN BSN nursing faculty directly relates to the retention and graduation of RN BSN students.
5. Increasing the number of diverse students who successfully return to and graduate from RN BSN completion programs will increase the number of practicing diverse BSN-prepared RNs
6. Diverse BSN-prepared RNs have the potential to reduce health care disparities faced by vulnerable populations.

It is important to identify assumptions made prior to a study. This study was conducted to answer the following research question.

Research Question

What contributes to ethnically and racially diverse RNs successfully completing their BSN degree?

Conclusion

As our health care system continues to rapidly advance, the need for the BSN degree will become more important. Further research is needed to understand and positively impact the experience of diverse RN BSN students in RN BSN completion programs and increase the number of BSN prepared diverse nurses in practice. Findings across the studies reviewed in this chapter agree that individual, employer, and academic factors interact in both the decision to return to school and persistence to graduation in a BSN completion program. However, there is a scarcity of literature focused on diverse students in nursing programs, and less still on diverse students in RN BSN completion programs. In the next chapter, I propose a study to address this gap and provide an opportunity to discover theory that could positively impact the diverse student experience in RN BSN programs.

Chapter 3

Methodology

This chapter discusses the research method selected for this study, the rationale for that choice, and a detailed description of the steps taken to conduct this study of what contributes to ethnically and racially diverse RNs successfully completing their BSN degree. Researcher bias and study limitations are also discussed.

Rationale for Grounded Theory Design

The design chosen for this qualitative study was grounded theory (Green & Thorogood, 2009). To address the research question, an emic or insider's view of diverse nursing students' return to school and persistence to graduation from a BSN completion program is appropriate. In grounded theory studies, the researcher is the instrument used to gain understanding of the insider's view. The goal of grounded theory is to discover theory from empirical qualitative data (Green & Thorogood, 2009). This constructivist-grounded theory design was informed by Charmaz (2006), who recognized the influence of the researcher on the data collected and analyzed, as well as the interaction between the researcher and participants. The grounded theory was socially constructed from the data and analysis.

Field notes and audiotape records of live interviews were kept. Interview questions followed Spradley's (1979) recommendation for content. In keeping with the process of grounded theory, data collection and data analysis occurred synchronously throughout the study and informed both the process and the direction of the study. Participant recruitment took longer than the anticipated two month period, taking a year

and a half to reach data saturation. Data collection and analysis commenced immediately with the first interview.

Constructivism as Approach

Constructivism was selected as the conceptual framework for this study because it focuses on the meaning of the experience specific to the individual. This approach purports that reality is socially constructed from multiple, experientially based realities shared among individuals and across cultures. The investigator and the informant were linked and together created the reality of the findings. It is a process that is both hermeneutical and dialectical through shared interpretation of the investigator-informant interactions. Consensus construction was achieved through a compare and contrast analysis of the investigator-informant interactions. The investigator and the informant thereby created a shared understanding of the experience (Guba & Lincoln, 1994; Weaver & Olson, 2006). A constructivist view recognizes multiple, complex realities and “aim[s] to show the complexities of particular worlds, views, and actions” (Charmaz, 2006). This was consistent with the study design of grounded theory, which “is the systematic generation of theory from data acquired by a rigorous research method” (Glaser, 1998, p. 3).

There was no attempt to direct or limit informant knowledge or meaning. Rather, unfocused, open questions were utilized in the interviews to verify, clarify, and amplify the informant’s perspective; this was done to elicit a rich description of the informant’s perspective. The researcher partnered with, but did not direct, the informant. The social and cultural context of the informant was thereby preserved for rich understanding of the

informant's perspective. The aim of the investigator was "to show the complexities of particular worlds, views, and actions" (Charmaz, 2006).

Research Methods

Sample

The pool of potential informants included students and faculty in 13 RN BSN programs from colleges and universities in the United States. Initially key informants were identified for interviews through discussions with the site contact person(s). Site contact persons were identified by the researcher contacting the individual schools of nursing and asking for an appropriate contact person or through known personal contact outside of the study. Student informant criteria included that the student had completed one-fourth of the RN BSN program and self-identified as a member of an underrepresented racial or ethnic group on the demographic form (Appendix A). Students who had completed one-fourth or more of the program were selected in order for all informants to have similar program experiences and to have had sufficient experiences from which to draw to answer the study questions. Faculty informant inclusion criteria included faculty members who were currently teaching or who had taught within the past three years at least one course in the RN BSN completion program identified on the demographic form (Appendix B). RN BSN students have the choice of attending programs utilizing various delivery systems. In order to capture the full range of students attending RN BSN programs, recruitment of students from traditional face-to-face programs, hybrid programs, and totally online programs was planned for the sample population.

However, recruitment was much more difficult than anticipated. The initial plan called for student and faculty interviews and student focus groups conducted at three schools each representing one type of program (traditional, hybrid and online). Several unanticipated challenges were encountered. The time from contact with the site contact person to Institutional Review Board (IRB) approval at the schools contacted was four to nine months. This was much longer than anticipated. No students responded to the invitation for focus groups in any setting. Initially participants were requested to participate in phone interviews. This yielded two student interviews. Anecdotal discussions were held with RN BSN students and faculty to discover recruitment barriers. Based on this feedback, the invitation was modified to request an email interview consisting of three exchanges between the researcher and the informant. This gained a few faculty interviews. Many students and faculty had completed the demographic survey on Survey Monkey but not sent the email to begin the interview. Following additional anecdotal conversations with students and faculty in an RN BSN program the interview questions were added to add it to the demographic survey on Survey Monkey. Under this new strategy, participants received one link to Survey Monkey where they were presented with one survey. The first half was the demographic survey and the second half was the study interview. The final question asked for their email address to allow the researcher to follow-up on any questions from their interview. Every informant who completed this survey included their email address.

There was no response for interview from either faculty or staff at some sites and minimal response from others. Consequently, the recruitment strategy was modified. A recruitment invitation flyer was created. This flyer was distributed at national, state and

local meetings and conferences by colleagues and myself. This strategy was also unsuccessful. After analyzing the multiple failed recruitment efforts, a new strategy was initiated. The researcher developed a recruitment business card that contained just the key points about the requirements for participation in the study and the researcher's email contact information. The business card format was chosen because a flier may get mixed in with other meeting/conference information. However, business cards tend to be kept separate to facilitate follow-up after the event. These business cards were distributed at national, state and local conferences and meetings by the researcher's dissertation Chair, Dean, several colleagues and the researcher. A key element to success was that the cards were handed to individuals with a personal request to participate and share cards to invite others to participate. Almost 1000 business cards were distributed. This strategy was ultimately successful to reach data saturation.

The difficulty in recruitment did demonstrate congruence with the literature. RN BSN students have multiple competing priorities and a scarcity of time. Completing an optional survey could have been seen as beyond their capacity. Faculty recruitment was frustrating. The researcher identified herself as a nursing faculty member on the recruitment pieces to identify herself as a faculty colleague. When the researcher discussed this frustration with a national speaker and highly respected educator, her response was "We're not good at this [addressing the needs of diverse students] and we don't like to talk about things that we're not good at." (Anonymous personal communication).

Interviews of students and faculty informants were conducted until saturation was reached. When there had been no new concepts or context in faculty or student interviews

when compared with the data collected both individually and as an aggregate, saturation was determined. It was anticipated that 5-10 students and 5-10 faculty informants would be needed to reach saturation. Saturation within the stated parameters is consistent with the recommendations of Wuest (2007) that 10 to 40 participants “are manageable and allow for theoretical saturation”. Interviews were conducted either by telephone, email, or Survey Monkey as described above.

Demographics of Study Population

The final sample included a total of six students and 10 faculty. An additional 10 students and five faculty completed the demographic survey but did not begin the interview.

The 16 total study informants identified themselves from 13 schools in four areas of the country: Southwest, Southeast, Midwest, and Northwest. Most of the students (five) and half of the faculty (five) informants described themselves as part of a blended RN BSN program (included both online and face to face classes). Half the faculty informants identified themselves as part of an online RN BSN program. One student did not identify the type of program in which she was enrolled. None of the students or faculty identified themselves as part of a traditional program. Student demographics revealed a sample population age range of 27-63 with an average age of 36.

Underrepresented ethnic and racial groups represented in the sample included: African American, Native American, Hmong, and Multi-racial (African American and Caucasian). Of particular interest is that 4 students identified themselves as a member of an underrepresented group for age as an older student. Table 2 describes the demographics of the student informants.

Table 1

Student Demographics

	Average	Range
Age in years	36	27 - 63
Length of time a nurse in years	7.4	Less than 1 - 16
Percent of program completed	71.8	25 - 100

Faculty demographics revealed a sample population age range of 30 – 62 with an average age of 52. Ethnicity/Race represented in the faculty sample included: Caucasian, Native American and African American. Table 3 describes the demographics of the faculty informants.

Table 2

Faculty Demographics

	Average	Range
Age in years	52	30 - 62
Length of time a Nurse in years	32.4	7 - 40
Length of time a Nursing Faculty in years	11.6	6 weeks – 30 years
Number of courses taught in RN-BSN program	7.3	1 – 25+

Data Collection, Instruments and Data Analysis

These three sections are presented as one in keeping with the process of grounded theory study. Data was simultaneously generated and analyzed using constant

comparative analysis (Guthrie & Lowe, 2011). Analysis began with the first interview and continued through saturation.

Interviews followed Spradley's (1979) format for interaction with informants. Spradley chose the word "informant" intentionally. He set it apart from terms including, "subject, respondent, friend, or actor." This distinction was especially helpful for the researcher. Because of the researcher's background teaching and advising students in RN BSN programs, it would have been easy to unintentionally move into the role of teacher or advisor within the interview. Keeping Spradley's terms and ethical principles as a visual cue for the researcher during interviews helped the researcher avoid unintentional role drift away from the role of researcher. Key characteristics of informants included: native speakers, models, and sources of information. As native speakers, they spoke in their own language and dialect without modification for the researcher. As models, they spoke and acted in ways for the researcher to imitate in order to participate in the culture. And they served as teachers in sharing information. The researcher paid close attention to the specific language used by the informants in their responses to the study questions. In follow-up questions, the researcher was careful to use the language and descriptions used by the individual informants rather than terms used in general or by other informants. Data collection involved phone or electronic informant interviews. Interviews were conducted in one of three formats: live phone interview lasting approximately one hour, email interview involving three email exchanges between the researcher and the informant, or Survey Monkey with an email follow-up to clarify responses if the informant agreed and provided contact information.

Field notes were kept for all informant phone interviews. Written field notes were completed in a condensed format during the experience. Condensed format field notes contained key words and phrases to trigger the researcher's memory after the experience. Field notes also served as a form of diary for the researcher, documenting personal reactions to the experience and feelings sensed in others. As soon as possible after the experience, the researcher sat down and reflectively filled in the gaps of the condensed format field notes. The audio recording was captured on a digital audio recorder and transcribed into a word document using Dragon Naturally Speaking Professional (Dragon). Dragon is a speech recognition software program that transcribes spoken word into text. This reduced the time and expense for a transcriptionist. The audio recording of the experience was transcribed as soon as possible after the completion of the phone interview. After Dragon transcribed the audio recording of the interview, the researcher listened to the recording while reading the transcription, validated the accuracy of the transcription and integrated the transcription with the expanded account field notes.

The interview guides were preliminary and were modeled after Spradley's (1979) guide to interviewing (Appendix C & D). In grounded theory, the interview guide emerges from the interview using the native language of the informant. Consequently, the first question in the interview was the same across interviews, but follow-up questions were selected and worded based on the content of the informant's response to the prior question. Key elements to be included in a grounded theory interview include: focus, friendly question, expressing of cultural ignorance, research explanation, focused question (the grand tour question), restating and incorporating, and mini-tour questions and follow-up questions that include descriptive questions, structural questions, native

language questions, and contrast questions. Follow-up questions were selected based on the language and content of the informant's response. An example of this process for the student interview follows. To open the interview, the researcher stated the focus of the interview: "I'm interested in understanding what it's like for you to be a student and how you decided to return to school to complete your BSN degree." (focus) This was followed by a friendly question designed to make connections between the informant and the researcher; for example: "How did you choose [the school name here]?" Next it was important to let the participant know that the researcher was seeking to understand things that the researcher did not know (expressing cultural ignorance) with a comment such as, "I don't know what it would be like to be a student in an RN-BSN program." Then the researcher set the stage to move into the conversation about the focus by explaining more about that focus, such as, "Let me explain what I'm interested in. I would like to find out what it would be like to be a nursing student from a diverse background today in an RN-BSN program. I'd like to understand how you made the decision to return to school and what things are helping you to succeed in school and what things are making it more difficult." The researcher established context and expressed a lack of knowledge, while beginning to make a one-to-one connection with the informant; the researcher then moved into the grand tour question. The grand tour question was set in context. The researcher first warned the informant that he or she would be asking questions. Then the question was asked in a manner that included a restatement of cultural ignorance, followed by a series of questions that prompted thoughts on the part of the informant about the grand tour question. For example, the student grand tour questions were: "Let's begin with some questions. I don't know what your typical experience as a student is

like. Could you tell me what a typical week is for you? I don't know what activities fill your week. What are things that you typically do each day? What are things that make your life as a student easier? What are things that make your life as a student more difficult? Would you take me through your week?"

From this point, the researcher adjusted any follow-up questions in a format that used the language of the informant and continued to express interest. A mini-tour question such as, "You said that_(the researcher inserted here something from the informant's response that needed more description) ___. Could you describe/tell me more about (again, the researcher inserted here something from the informant's response that needed more description)_____?" was used to pick up on things described by the informant in the informant's own words. Structural questions such as, "You mentioned that_____use_____for_____. What are some of these?" were alternated with descriptive questions such as, "Could you describe a typical day in one of your classes? What do you do when you arrive? What activities follow throughout your time there? How do you organize your day? What kinds of things would I hear students saying? What kinds of things would I hear faculty saying?" Native language follow-up questions could also be used such as, "Is that the way most people would say it?" and, "If you were talking to another student, would you say it that way?" Asking contrast questions is another strategy to elicit a more complete understanding of the informant's perspective: "I'm interested in the differences in the types of your experience. In looking over our earlier conversations, I found some differences that I'd like to check with you. Would you say that _____is_____but_____is not?" Both the student and the faculty interview guides were

tested with two informants each prior to use in the study to uncover any actual or potential language, context, or content issues.

Grounded theory is a cyclical and synchronous process of data collection and analysis that informs its own progress and direction (Guthrie & Lowe in Glaser, 2011). Analysis began immediately and continued synchronously throughout data collection. Throughout all phases of analysis, constant comparative methods looking for similarities and differences at every stage of data collection were used. In this study, data within interviews and data between interviews was analytically compared. With the addition of the data from the initial and each subsequent interview, the researcher compared data within the individual interview, between that interview and each of the interview to date and to the developing aggregate of all of the interviews. Researcher observations and impressions were also compared to interviews. This process assisted the researcher in understanding the experiences of the informant from the informant's perspective. It was this synchronous constant comparison of all data sources throughout the process that contribute to the dependability and trustworthiness of the study. Concurrent data generation and analysis is at the heart of grounded theory.

Analysis followed the Charmaz (2006) format. Charmaz constructivist grounded theory design was chosen for this study because there is a recognition of the effect of the researcher and the researcher-informant relationship on data analysis. It emphasizes the discovery of theory from empirical qualitative data. Several rounds of coding were completed by the researcher. Initially discreet elements were coded from the data. This level of coding pulled out the significant elements of each of the interviews. Coding then moved to a conceptual level where the discreet elements were re-integrated to illuminate

relationships between categories and subcategories. Ultimately coding moved to the theoretical level. Theoretical coding then described the relationships between coding categories. Context and conditions of data were clarified. These theoretical codes evolved from earlier codes and helped the researcher move analysis toward theory.

Memo writing was a critical synchronous and continual part of this process. Memos written at all phases of the study recorded the researcher's observations, impressions, and analysis and informed the writing of the research reports. Memo writing provided the researcher an opportunity to pause and reflect on data collected, coding that was done, and analysis that was beginning to form.

The final step of the process was reconstruction of the data, which allowed an interpretation of the meanings and relationships that had emerged as a result of the analysis. Through this process of reconstruction, the researcher inductively constructed a theory. Consistent with Wuest (2007), it was at this point that the researcher theoretically sampled the literature to provide supporting data for the theory and demonstrated how this theory was different from what was already known. Attention to rigor in all of the steps of the grounded theory process yielded rich data for theoretical integration to generate a theory that fully captured the informants' experiences. The grounded theory emerged through this data analysis. It was formulated and reformulated and refined throughout the data collection and analysis process.

Protection of Human Rights

There were minimal risks to the informants. However, it is difficult to accurately assess the full extent of risk to the informants. The researcher obtained the approval of

the Marquette University and the researcher's home teaching institution's IRB, and the IRB of the participant's school when recruitment was done directly through the school, as well as the informant's informed consent. In addition to the ethical protection provided by the multiple IRB approvals and the informant's informed consent, the researcher followed the six ethical principles suggested by Spradley (1979) which are based on those adopted by the American Anthropological Association. Spradley's influence on the current study helped build a productive researcher-informant relationship and strengthened the ethical protection to the subjects. The researcher reviewed these principles with each interview and throughout analysis to monitor the researcher-informant relationships.

Table 3

Spradley's Six Ethical Principles

Principle	Meaning
Consider informants first	Directs that if there is a conflict and a choice needs to be made, the needs of the informant always come first.
Safeguard informant's rights, interests, and sensitivities	Allows the informant to speak "off the record" and know that these comments will not be part of any field notes or tape-recorded record.
Communicate research objectives	Directs the researcher to consult with informants to determine the path of the

	investigation and then follow that direction even if it is not the original path of the investigation.
Protect the privacy of informants	Take steps to protect the anonymity of informants through use of pseudonyms in field notes and final reports and notify informants that despite all efforts anonymity may be compromised unintentionally.
Don't exploit Informants	Informants need to gain something from participating in the investigation; the gains cannot be all for the investigator.
Make reports available to informants	The information available to the public should also be available to the informants in a format that they can understand.

Because the emotional impact of participation in the study or to the specific interviews could not be accurately predicted, informants were further protected by the inclusion of the suggestion to contact the school's counselor if needed in the informed consent for those specific recruitment sites that had a school counselor. Accordingly, there were separate consents for schools with counselors and those without counselors. Data were securely stored; written and recorded data were stored in a locked file cabinet.

Recorded data were auto-transcribed through use of a software program avoiding potential unintentional auditory sharing of data. The researcher made continuous efforts to clarify her role as researcher and avoid crossing roles to friend, colleague, or confidant. Informants were given the choice and opportunity to not answer any questions or to withdraw from the study at any time.

Control of Bias

This researcher has reflected on areas of bias that may have been present and unintentionally impacted data collection or analysis. This researcher held a strong belief in the power of the teaching-learning dynamic as a positive and potentially transformative experience for both faculty and students. This researcher also had extensive experience teaching RN BSN students and teaching and clinical practice experience with diverse populations. Open statements such as, “Tell me more,” were important to avoid directing the informant’s thoughts. Follow-up clarification questions such as, “When you said ____ what exactly did you mean?” helped to avoid imposition of researcher meaning on informants’ statements. Extensive memos written and reviewed throughout the analysis process illuminated emerging bias as it surfaced and allowed for immediate correction.

This researcher also validated coding and emerging analysis with a co-coder who is a member of an underrepresented ethnic group and a trained mentor who is aware of the existing biases of the researcher. The researcher hand coded the initial interviews and the co-coder coded the initial interviews with NVivo software. The researcher completed comparison of the researcher’s codes to the co-coder’s codes and sent this comparison to

the co-coder for the co-coder's evaluation. The co-coder analyzed these codes and affirmed them without changes. Comparison of codes revealed the same or similar codes from each coder. For example, the co-coders code of perseverance was the researcher's code of persistence. The co-coder's code of time management was the researcher's code of multiple responsibilities. Both coded academic challenges and faculty issues, but the researcher separated helpful and non-helpful faculty behaviors. Inclusion of the comparison with a co-coder provided support for researcher non-biased coding. Based on these consistent initial codes, the researcher proceeded through the coding process to ultimately arrive at theoretical codes leading to the development of the study theory. The researcher sent the final theoretical codes to the co-coder for evaluation. The co-coder analyzed and agreed with these final codes and the researcher proceeded to the emergence of the theory and model.

Enhancing Rigor

To enhance rigor, the Charmaz' (2005) criteria that included both Christians's (2000) and Denzin's (1989) perspectives were utilized. The criteria address credibility, originality, resonance and usefulness and are found in Table 4. Both emerging and final analysis were reviewed with these criteria. These criteria apply to the aggregate data. Consequently once the researcher had completed three interviews, these criteria were applied to the aggregate with any additional interview data. The researcher also applied these criteria to the coding at each level. Each time the researcher revisited the data and analysis, these criteria were used as tools to constantly and objectively evaluate both the data and the process throughout analysis. Application of these criteria throughout data collection and analysis enhanced the authenticity of the emerging theory.

Table 4

Criteria for Grounded Theory Studies in Social Justice Inquiry

Credibility	<ul style="list-style-type: none"> • Has the researcher achieved intimate familiarity with the setting or topic? • Are the data sufficient to merit the researcher's claims? Consider the range, number, and depth of observations contained in the data. • Has the researcher made systematic comparisons between observations and between categories? • Do the categories cover a wide range of empirical observations? • Are there strong logical links between the gathered data and the researcher's argument and analysis? • Has the researcher provided enough evidence for his or her claims to allow the reader to form an independent assessment—and agree with the researcher's claims?
Originality	<ul style="list-style-type: none"> • Are the categories fresh? Do they offer new insights? • Does the analysis provide a new conceptual rendering of the data? • What is the social and theoretical significance of the work? • How does the work challenge, extend or refine current ideas, concepts, and practices?
Resonance	<ul style="list-style-type: none"> • Do the categories portray the fullness of the studied experience? • Has the researcher revealed liminal and taken-for-granted meanings? • Has the researcher drawn links between larger collectivities and individual lives, when the data so indicate? • Do the analytic interpretations make sense to members and offer them deeper insights about their lives and worlds?
Usefulness	<ul style="list-style-type: none"> • Does the analysis offer interpretations that people can use in their everyday worlds? • Do the analytic categories speak to generic processes? • Have these generic processes been examined for hidden social justice implications? • Can the analysis spark further research in other substantive areas? • How does the work contribute to making a better society?

Limitations

The skills of the researcher in adapting to the social structure of each school, establishing relationships, and gaining the trust of the informants directly may have influenced the quality of the data. Informants may not have been entirely open and honest with the researcher; they may have answered in a manner they believed the researcher anticipated. Informants may have also been uncomfortable or intimidated by the researcher taking notes or audio-recording of conversations or committing their responses to written format in email or Survey Monkey. The researcher was sensitive to this but did not detect any discomfort. The consent reminded the informant that this was a research relationship and although every effort was made to protect informant anonymity, unintentional disclosure may have occurred. Informants had been instructed not to include the names of any schools, buildings or other identifying information. Any identifying information disclosed by the informants and detected by the researcher was removed by the researcher prior to inclusion of that data.

Unrecognized bias may have blinded the researcher from recognition of characteristics and themes in the data both during collection and in reflection. Although this study included informants from two prevalent types of RN BSN programs, there was no response from any students or faculty in a traditional program.

An additional limitation to this study was the lack of face to face contact of the researcher with the informants. This lack of contact limited the researcher's ability to collect full data including facial expression, body posture or voice expression. Additional

data may have been missed because participants chose not to answer all of the electronic follow-up questions.

Conclusion

Although recruiting a sample was difficult, this study provides important insight into the diverse RN BSN student experience. Grounded Theory design is congruent with the research question: What contributes to ethnically and racially diverse RNs successfully completing their BSN degree? The use of Spradley's interview guidelines and Charmaz's criteria enhanced rigor and helped to minimize risks to the informants.

Chapter 4

Summary of Findings

This chapter presents the findings for the grounded theory study to answer the question: What factors contribute to ethnically and racially diverse Registered Nurses (RN) successfully completing their BSN degree? Thematic data is presented for the student group, the faculty group and for the combined group of student and faculty. The discussion of findings and the theory derived from this study is presented in Chapter 5.

Conceptual Themes

The themes identified through this analysis process were Balancing Competing Priorities, Overcoming Academic Obstacles, Negotiating Faculty Relationships, Learning from Each Other, Protecting Cultural Identity, and Refusing to Fail. These themes and the informant experiences are described below.

Balancing Competing Priorities

Both student and faculty informants spoke of the multiple and competing responsibilities faced by underrepresented students in RN BSN programs. The competing priorities described fell into 3 categories: work, home/family, and finances. Students and faculty described students working 40 or more hours per week. Some students came straight to class after having worked a night shift; other students came from work to class and then returned to work after class. A faculty informant described one student's experience:

One (student) had to complete the program in one year in order to get one day off per week for school. The class was just across the street from where she worked, and she would report to class after being at work early in the morning and go back to work after her class that day.

The impact of fatigue on students' performance was noted by both students and faculty informants. One student described it as, "I work 72 hours in 2 week pay period and save all my school work for the week for my day off. Most days I get done with work, I have no ambition to start a school assignment." Another student shared:

It's not just fatigue on the floor or nursing fatigue. Its life fatigue, its fatigue. These nurses are trying to do a real good job and get through the BSN program, but they're too fatigued to really do that well.

Faculty informants described students' work schedules as preventing the students from doing well in classes. One faculty informant raised concern that because of work-related fatigue, the student's grades did not accurately reflect their ability and may prevent admission to a graduate program in the future:

Student and faculty informants described student's family responsibilities as complex. Students had both immediate and extended family issues. One student described the difficulty in dealing with three deaths of extended family members and one additional family member dying. Several students talked about trying not to burden their family with school related things. These students described doing schoolwork when family members were not at home or were sleeping. One student reported: "As a mother returning to school, I try not to burden my family with my stresses so I do my school work while the kids are at school and my husband is at work." Another student spoke about time management challenges: "I only have time to work on my school work on my days off. It is difficult to get household chores done and things I would really like to do

completed because I have deadlines for the school work.” And a faculty informant commented:

It is difficult sometimes to see some students struggle because of the multiple roles and responsibilities they have. Many of the students have to work full time while attending the program, and most times also have a family to think about. They are often challenged by the conflicting roles and responsibilities.

Financial priorities were described in a couple of different ways. Student and faculty informants both spoke of students need to work full time while going to school. One faculty informant stated, “Overall, the students are being challenged by factors associated with financial crisis and often working more than one job, often missing classes due to work or childcare issues.” A student described the situation as “impossible” financially for students to support their family, repay a large debt from their ADN degree and pay tuition to continue their education. Faculty informants described many students as single parents, the head of the household and from a culture of poverty. One of the students summed her thoughts about the financial issues for diverse students “So financial has been the greatest concern, greatest obstacle to hold us back.” And “I have a lot of colleagues that even after the ADN, owe \$70,000-\$80,000 tuition and they can’t go back. They have to work. To work to pay for their loans, to pay for their continuing education and their family. That’s just impossible.”

Both faculty and student informants reported some students receive tuition assistance. Although this provided financial help to return to school to continue their education, it also added to the student’s competing priorities. One faculty informant described the grade requirements students experienced with tuition assistance. “Many report that in order to get tuition assistance from their employers they need to get a grade

point average (GPA) of a B or higher and/or they need to earn the BSN within a short amount of time.” Another faculty informant described the impact of the work requirements for tuition assistance on the student’s academic performance:

One student told me her employer granted tuition assistance if she completed the program in a year. For this particular student, she was late for class 1/3 of the time due to work obligations, and I would expect a call or e-mail from her near the deadline of each assignment asking for an extension. She was an excellent student in class, and her grades did not reflect her true abilities. If she did not have such demanding work responsibilities she would have had better grades.

Taken as a whole, these informants described a situation where students had to continuously balance the interconnected circumstances of work, family and finance in order to return to school. What differentiated this collective situation of diverse students apart from RN BSN students in general was the presence of multiple factors for most students. One faculty informant described it well:

Overall, the students are being challenged by factors associated with financial crisis and often working more than one job, often missing classes due to work or childcare issues. Also, the students are typically older, with nursing as a second career and most report being the head of households.

And a student informant further explained:

So this whole area – it’s not just fatigue on the floor or nursing fatigue, its life fatigue, its family fatigue, its fatigue. These nurses are trying to do a real good job and get through the BSN program, but they’re too fatigued to really do that well. I think, my impression was, there were a few students, but there was never a look where there was consistent work, that someone was putting their all into it. They just weren’t. They were too tired.

Overcoming Academic Obstacles

Student and faculty informants shared a perception that underrepresented students had significant academic obstacles to overcome. However, they were not in complete agreement on what those obstacles were. One of the most prevalent obstacles raised by students was group work. Student informants described group work in terms of equity. Several spoke of the difficulty of waiting for the others to submit their work to the group. For example, one explained: “Things that make this difficult are the group assignments that are scheduled. Many times, it is hard to work with a deadline while waiting for others to complete the required work.” Another described her experience of the whole group receiving credit for her work.

I was the only student that read all the articles. Now this is group work, so at the end of the day, everybody gets a grade. If I hadn't done the work, all those other four students would have failed that day. They would have had zero points.

Another further described:

I really think that in the BSN program, maybe a better way is to have an individual and a group grade in parallel. Because there is too much group work so you don't really see the individual effort or the instructor can't really gauge the progress of the individual.

Online learning was viewed as both positive and challenging. A faculty informant commented that students were often not prepared for the amount of work involved in an online course:

Students seem surprised at the amount of time/work required in an online course. One student had the idea that an online course is easier than a face to face course and that is why she took the online course. Some students are under

the impression that they can work at their own pace to complete a course. Our program is not set up that way.

Students often chose their program because of the online learning option. They cited the flexibility, earlier receipt of the syllabus and assignments that allowed students to work ahead, as well as extended deadlines. A student commented: “It’s easier for me to complete online classes due to being able to work ahead. These classes are discussion board based.” Another student described the online learning environment as more positive than a face-to-face one because it is less apparent or unknown to the other students and faculty:

I think it's more of judge free zone meaning that others are feel safer expressing their true feelings and are willing to critique others due to not having the immediate reactions to their responses. In the discussion boards, it is all online and being able to openly express opinions without causing immediate reactions seems to be the norm. It can be a personal opinion or a critique of someone's work.

Another student talked about how diversity was less of an influencing factor

I think it is hard to gauge how my diversity (ethnic) influences me being in this program, especially when we only interact virtually. I feel like I have a different experiences being associated with the military, and we all have different clinical backgrounds.

Faculty informants described the same openness in the online learning environment that the students above described. They noted that “many students will freely self-disclose information about themselves...” However, faculty informants also described student difficulties with technology and preparation for the workload of an online class. Diverse students living in rural areas experienced particular problems with the Internet. Faculty informants reported difficulty with slow loading or undependable dial up Internet service that interfered with students’ abilities to complete discussions or

submit assignments. Another faculty member described students' lack of knowledge about use of technology:

We are finding, at least in the online program, that students are totally unprepared for online learning and some struggle even more because they are not technologically savvy enough to create a WORD document, how to attach documents, and other skills required of online students. On more than one occurrence, I have talked students through each step of a process to turn in an assignment....Both groups seem surprised at the amount of time/work required in an online course. One student had the idea that an online course is easier than a face to face course and that is why she took the online course. Some students are under the impression that they can work at their own pace to complete a course. Our program is not set up that way.

Several faculty informants described how they helped students learn to use technology through frequent email or phone conversations.

I spent 1 hour on the phone with her, outside of Walmart, talking with her about how to create a PowerPoint using her computer, and some strategies to use to create a video which are both requirements for the upcoming week. After our conversation she said she felt better, and I told her to call me later in the day when I would be in my home office so that we could talk more on the phone when she was working on her PowerPoint so that I could have mine on as well and direct her more fully, when we are both seeing the same screen.

The most prevalent obstacles identified by faculty informants were students' poor writing and reading skills. Although these low literacy skills were often portrayed as particular to the English as a Second Language (ESL) students, faculty informants described this as a challenge across the program. One faculty informant explained that low writing skills were often linked to low academic performance in general: "Writing and comprehension skills typically reflects the GPA." Another explained how these low literacy skills were linked to limited health literacy as well as limited support services for second language students:

Health literacy is quite low for some of our students and writing skills are also a major challenge for our diversity students. Providing the level of literacy and writing support (especially when students are at a distance) is difficult and resource intensive.

Several faculty informants directly addressed the challenges of teaching second language students. One faculty informant argued that students with limited English language proficiency need to be held to the same standards as English native speakers:

Being an RN to BS program, it is expected that students will write scholarly papers in each course. I'm sure it is challenging for the ESL student to write scholarly papers but it's equally challenging for an instructor to read and fairly grade the papers. The ESL students should be held accountable for the same level of knowledge and writing ability as an English as a first language individual.

On the other hand, another instructor described how she felt compelled to help students with limited English proficiency improve their writing:

I am lenient with those that have English as a second language when it comes to their academic writing. I make corrections and encourage them to keep working on their writing skills. I do not really treat them any differently than those who do not have a diverse cultural or ethnic background except for the extra assistance with their writing and perhaps nurturing more to understand assignments when necessary. Many students need to improve their writing at the BSN level regardless.

Student and faculty informants also spoke about the challenge of students overcoming a perceived academic disadvantage. One student described it as: "My primary schooling was also not ideal and it is something that I struggle with every day and I feel as though I constantly have to play catch up." A faculty informant described it as: "Some students come with such a poor academic base that they seem to fall behind before they start". Another faculty informant described it this way:

I have also had the experience of never reaching a student who is “different” in some way...and of trying to change the trajectory of failure but not being successful. Some students come with such a poor academic base that they seem to fall behind before they start, some seem to not be able to integrate into the world of education (they look uncomfortable and unhappy with anything requiring discussion or debate).

Several faculty informants spoke to the incongruence between the students’ life situations and the academic environment. One faculty informant argued:

I really don't think we have any strategies to address these difficulties. Although many of them have to work, we don't have any way to accommodate that. Some faculty say they should quit their jobs when they are in school but this is not realistic for many. Not all of these working students are from the culture of poverty but I would venture to guess that the majority are or are on their own with no family help.

Another faculty informant agreed:

In my opinion, nursing programs in general have been slow to change with this new demographic of students. I'm not sure what the answer is but in order for our students to succeed, changes need to be made in how we offer nursing education.

In summary, technology, limited English proficiency, health literacy, prior academic experiences, and group work were all described as academic challenges experienced by students. Student informants described the disadvantages of group work and the advantages of online work; faculty informants described the challenges of technology and ESL students’ writing and comprehension. Both student and faculty informants described poor prior academic preparation as a challenge to success in the RN BSN program. And several faculty informants

shared their observations of gaps between students' needs and the academic environment.

Negotiating Faculty Relationships

Student informants described experiences with faculty members in both positive and challenging ways. Several students described faculty members as supportive, encouraging, helpful, patient, and knowledgeable. Some student informants describe experiences with faculty members were a turning point in the program for them. One student described this experience.

The other turning point was Dr. Jones, she is a very warm person, gives positive feedback. I could really tell early on in the program that she was receptive to my contributions, the papers I wrote. And I think that made a difference in the program... that made me look at the program in a very different way.

Another student described her experience with a faculty member:

“Faculty is very helpful and gives good feedback and insight into their own personal experiences with healthcare. Faculty is usually fairly timely in their responses and are always willingly to help.”

These same students and others also described experiences with faculty that were more challenging in terms of asking for help. One student described an experience of making an appointment with her faculty member for help with a course this way:

I actually went to her two times asking her to help me. Just help me a little bit. When I went in there and I sat with her some other student came in there and took her time, took all of her time.

Another student described an experience where she felt “harassed” throughout a course.

She shared her experience:

So I went through this entire thing and I was harassed as an older student, the whole thing. So one day my instructor said to me, she said I want to see you after lecture-so I said Ok, fine. And it wasn't because my grades were poor. That wasn't it at all. So she said...'What are you doing this program for anyway... Aren't you too old to do this? And I looked at her and I said. What are you instructing nurses for? Are you not seeing ages as I am? And I said nothing else to her and she said nothing to me. Not after that... It must have bothered her for a long time because she'd always harass me in class. You know, I think that's when this sensitivity for the older student came in... Because I noticed at that college that it was very prevalent ... In fact I remember that one [time]... we had to interview a person 65 years or older and do an assessment on them, do a detailed assessment on them and then write that up and bring that back to class. So, the joke in the class to her and the other students was one of you could probably interview [me]. And I thought, I'm not even going to comment. I just shook my head. And one of my friends in the class, she was in her 50's. And she just looked at me and shook her head and said it's never going to stop is it?

When this student asked the faculty member about these uncomfortable practices, the faculty member reported being "unaware of her harassing". The student further reported that she told this faculty member:

You should be treating me with respect as a student. I'm just asking 'Can't you be treated as a student-as a nursing student who's here to absorb and learn [emphasis whole phrase]?' That's the point of going to school. And if I give you my all, then I expect at least respect back. I wouldn't be asking for, I never asked for any special treatment.

Similar to this student who felt that her faculty member was discriminating against her because of her age, another student informant stated that she did not feel comfortable talking to her professors because she felt they did not understand her culture:

Sometimes when you go into a school and it's more diverse and it's more culturally understanding of all of the people that they serve, they tend to understand more. But with this school, oh I feel that some of the instructors are just limited

to the diversity. It's just hard for them to understand or communicate with us.

Another explained that faculty members expected them to set aside their cultural practices while in school. The students felt that faculty members discounted the importance of cultural practices in their lives and expected them to set their cultural practices aside until after they finished school.

Let me try to explain to you the best I know how. Is that whatever it is that is blocking our way, we need to set that aside and know that our work, our school work is priority. So with that, I don't feel that is, I don't feel comfortable to talk to the professors.

Because of these negative experiences, students from like cultures reported that they tended to group together. One student explained

A lot of time with minority students we decide to go to the school where we have our friends ... or our people are there and we talk amongst each other and we say "Are they biased? Are they understanding? Are they trying to work with you or are they on their own page and not understanding?"

On the other hand, faculty informants described multiple ways in which the faculty worked individually and as a group to help their culturally diverse students to succeed.

I want to be the teacher that is known for caring about her students and answering quickly. Typically, my students don't go more than 6-8 hours without a response from me—and this is 24 hours a day, seven days a week.

Faculty informants spoke of the "difficulty of seeing some students struggle" and of spending extensive time on the phone or email helping students navigate technology and assignments. Several faculty informants also spoke of working as a team with the rest of the faculty to be inclusive through innovative teaching strategies:

We have discussed our teaching methods and if we need to change them to better reach these students where they are at.

It's [problem solving as a faculty group to meet diverse student needs] energizing and motivates me to stay current and contemporary with our learner's experiences. We love technology, even when it bites us and we're willing to make mistakes and ask forgiveness in the pursuit of creating the best learning experiences possible.

A faculty informant described the relationship between faculty and students at their school as: "Faculty see our students as colleagues first, students second. Faculty see ourselves as part of the learning community, teaching and learning in every interaction." One faculty member described that she believed she has the responsibility to "set the table" for a "safe and effective" learning environment.

Faculty informants also spoke of the incongruence of the academic environment to the culture of some of their students.

Our academic world can be experienced as competitive and individualistic, which does not match many cultural approaches to learning. We do focus on making our environment collaborative and relationship focused....but it is an uphill battle sometimes and some cohorts are harder than others.

In summary, student informants described experiences with faculty members that were both supportive and challenging. Faculty informants described individual and group efforts to help students succeed. And some faculty administrators spoke of a responsibility to create an environment for learning that includes all learners.

Learning from Each Other

Both student and faculty informants gave rich descriptions of learning from each other in both in-person and online classes. The learning was often circumstantial vs.

intentional. This was consistent in both positive and challenging environments. One student described her experience “I certainly didn’t intend for them [the other students] to be learning from me, but I certainly enjoyed being in class with them. I learned a lot from them even though it was challenging sometime.” Another student described how her experience in her first career contributed to the learning of her peers.

I never want to offer my information first because I don’t give them [fellow students] a chance to learn. And, you know, they’re surprised with me being I was in the workforce a bit longer than them. Even though they’re experienced nurses and I’m learning nursing, I have all of these other things to offer. It really compliments their learning.

Several students spoke about the experience of learning from the perspectives of their peers. One student explained: “There are all types of nurses in our classes and each offer a different and unique perspective on nursing. Many of my current discussions are based on cultural groups other than my own and how patients are affected by nursing and their care.” Another student described the experience of being in class with students from around the country, from both urban and rural settings, as eye-opening. She further described that this experience changed her perspective of normal. Another student described it this way: “Most of the online discussions can be related to the student’s current area of work and experiences we have had. There are all types of nurses in our classes and each offer a different and unique perspective on nursing.”

Faculty informants described both their own individual learning about culturally sensitive teaching in the RN BSN program and their intentionality in organizing their courses and learning experiences to maximize the potential of peer to peer learning. One faculty member described how she learned culturally sensitive teaching:

Well, I think that this diversity in the student population has taught me to appreciate different ethnic and cultural backgrounds at a more sensitive level...maybe with more depth when I consider where the students are from, their socioeconomic status, the types of patients that they are working with and even perhaps sacrifices that they made to get their RN license. Working with them and hearing some of their stories helps me learn more about the world from their point of view.

Faculty informants also indicated how they tried to facilitate peer to peer learning in their classes as a way to take advantage of the learning opportunities available in culturally diverse classrooms. As one faculty member described it, "I nurture their diverse backgrounds by encouraging them to share what their worldviews are and acknowledging the same in the discussions. Some share their pasts and other do not." Another faculty informant described the value of American students learning from students who are nurses around the world. "In this course, students share their unique experiences with their classmates."... "These stories help the dominant culture to see another perspective; and hopefully, to see how fortunate they were/are to grow up in the U. S." This faculty member further explained that students learned about the scarcity of resources and the differences in nursing autonomy in different areas of the world. Another faculty informant explained why she felt this learning from each other was so important.

As a minority faculty member, I enjoy seeing other minorities in nursing programs because I know we are not equally represented in nursing. Depending on where the students are from, they often have similar stories about the struggles they have endured to get to where they are at now. The students from the same cultural background tend to stick together like family. I believe the diverse students have so much to teach the dominant culture. Their experiences are unique and need to be shared.

Student and faculty informants both described opportunities to learn from the emic perspective of students who are from a culture other than their own. Both groups were aware of a difference in their perspective because of this shared learning.

Protecting Cultural Identity

This theme was noted most significantly in the student informants. Faculty informants reported teaching classes ranging from very limited or absent diversity to others with rich diversity. The ethnic and cultural groups described by faculty informants in their classes included: African American, Native American, Caucasian, Caribbean, Croatian, Cameroonian, Indian, Mexican, older age, and those from a culture of poverty.

There were multiple approaches to teaching culturally diverse students. At one extreme a faculty informant reported no accommodations were made for culturally diverse students. These students were required to speak read and write English and “and there have been no special requirements for how we prepare or teach based solely on diversity.” On the other hand, another faculty informant described addressing the limited diversity in her classes. To help make the class interesting, she invited guest speakers from diverse cultural groups to speak with her class. Still, two faculty informants with more culturally diverse classes described the “transformation” they observed in students from the dominant culture when students from the non-dominant culture shared their life stories. “The other experience that can happen in a classroom with diverse students is that sometimes you see the ‘privileged’ students open their viewpoint and maybe even question some of their bias because they have people who are different from them in their work groups and cohort.”

In contrast, student informants described the difficulties they encountered when faculty members did not seem to understand their cultural group. One student described her perception of faculty members not understanding what it meant for her to be a member of her cultural group to have family and society responsibilities that take precedence over everything else.

Every weekend I [was] expected to be at a relative's home for a wedding or ... any event that is going on in the community. I [was] expected to be there to participate, to cook, to prep, to clean. So if I'm not there, then you know I am not contributing. So the pressure has been greatly put upon especially a traditional Hmong woman... For us, because we live in that kind of society, we cannot explain [to our family/our community],... nobody will understand that this weekend I have a final due.

This same student described an experience where she was the only Asian student in two classes "the only outsider." She described it this way:

It doesn't matter what I do, or what I say, how I communicate in class because I just not even seen. And so, when you go-I don't know if you have experiences and you feel like a ghost...And so for two times when I take those two classes with that instructor, I'm a ghost in that class. It was the worst feeling ever.

Another student informant described her experience as an older student. She reported multiple instances of her peers and instructors telling jokes about the deficits in older adults in front of her: "A lot of it was very insulting". She shared that these experience made her "very tentative, very cautious at all times".

Faculty informants were mixed in expressing their responsibility to protect students' cultural identity, while some faculty members spoke about making efforts to teach in culturally sensitive ways. One faculty informant, who was American Indian, described the dilemma that she feels in teaching culturally diverse students.

Some minorities have a victim complex and won't take responsibility for any actions or outcomes. As an American Indian, I see this complex most in my own people. For some, there can be a sense of entitlement because of the horrific history we have endured and this makes teaching and learning difficult. It's nearly impossible to move forward in a positive way when there is such hatred and negativity embedded.

On the other hand, another faculty informant explained how she helped students use their history to grow "I try to optimize all the student's education in my courses/program by empowering them to take what experience(s) they have and using that as leverage to move ahead in their education and careers."

In summary, student and faculty informants both spoke to the need to address cultural identity in nursing classes. The faculty informants described efforts to raise awareness of the non-dominant cultures and the learning they observed when students came to understand from the emic perspective of the other culture. Students described the lack of a cultural peer group and cultural role models and mentors, difficulty communicating with faculty members due to perceived faculty members' lack of understanding of their culture, and socially isolating experiences.

Refusing to Fail

In a variety of ways both student and faculty informants described the tenacity diverse students exercised in order to complete their degrees. Student informants described attitudes and behaviors they needed to adopt in order to be successful. Students descriptions of their attitude toward program completion included: "I didn't give up. I felt that I was on equal footing." "My goal, she's not going to break me." and "I'm not going to let that push me down, hold me down." Student informants also described actions and behaviors they needed to commit to in order to succeed including:

“We have to work hard. We have to prioritize.”, “do the best I know how”, “Be assertive, determined.”, “We have to be driven”, “I made a plan for myself”, “I was committed” and “I was prepared emotionally”. One student informant summed her thoughts saying: “In the end it will work out. I’ll demonstrate to them that I’m a good student ... and I will be a contributing member of an organization.” Another student described feeling that she had to consistently exceed criteria to be successful:

I had to excel at everything. I came into the program wanting to excel, wanting to compete (not with the other nurses) but to really be extra prepared for every class, write every paper or every assignment to the best of my ability.

Another student described her drive to succeed despite barriers in two of her classes this way:

There was no communication at all. No eye contact at all. No feedback at all. So I go in and I participate the best I know how and I talk when the question is directed toward me and shut my mouth when the question is not directed toward me. But I didn’t give up..... You know in college we either drown or we swim. We have no time. We either drop out or decide to keep going. That is the time that I make the decision that I’m going to stick it out.... From my experience I learned that we have to be determined. We have to be driven. The information is there if we are assertive enough to go get it.

Faculty informants also described student’s determination to succeed despite challenges. One faculty informant referring to culturally diverse students who struggled with their workload and those who struggled with technology said: “Both groups seem driven to earn A’s despite their struggles and their multiple roles/responsibilities.” Several faculty informants also spoke about nursing education’s structure as not being compatible with diverse student needs. Making changes to meet diverse student needs was described as a responsibility to the students by several faculty informants. For

example, some faculty informants recognized that although not optimal for learning, many students needed to work full time while in school. One faculty informant stated: “Although many of them [students] have to work, we don’t have any way to accommodate that.” Another faculty informant acknowledged that: “Providing sufficient learning and emotional support for students who have different language or educational levels is one of the issues we struggle with.” Several faculty informants agreed with this assessment. For example, some faculty member indicated that while “Health literacy is quite low for some of our students and writing skills are also a major challenge”... “Providing the level of literacy and writing support (especially when students are at a distance) is difficult and resource intensive.” Nursing programs often fall short in, “providing the [needed] level of literacy and writing support (especially when students are at a distance) because such support is difficulty and resource intensive.” Faculty informants also described their own struggles in providing support. While one faculty member described her successful collaboration with an English professor who teaches APA formatting to provide added support for her culturally diverse students, another professor acknowledged that, “I struggle with being fair with all students, and with having students take responsibility and be accountable for knowing what they can reasonably handle.

In summary, both student and faculty informants described student drive to succeed in the program. Students spoke of both behaviors and attitudes that contributed to their ability to succeed. Faculty informants described students’ goals to earn A’s in classes despite struggles and the need for change in the delivery of nursing education.

Conclusion

Analysis of interview data with both student and faculty informants who were part of an RN BSN program surfaced 6 themes: Balancing Competing Priorities, Overcoming Academic Obstacles, Negotiating Faculty Relationships, Learning from Each Other, Protecting Cultural Identity, and Refusing to Fail. Each theme was supported with data from multiple informants. Areas where student and faculty informant perspectives were similar and divergent were identified. In the next chapter the meaning of these themes and the theory derived from the analysis of these themes will be discussed.

Chapter 5

Discussion of Findings and Theory

This chapter will present the analysis of the themes that emerged from the interview data. Interpretation and integration of themes with the literature supported the emergence of a theory about diverse students' success in RN BSN programs. Significance of the findings and implications for nursing research, practice and education as well as for vulnerable populations will be also discussed. The chapter will conclude with the strengths and limitations of the study and suggestions for future research.

Interpretations of the Findings and Integration with the Literature

Analysis of the data revealed 6 themes: Balancing Competing Priorities, Overcoming Academic Obstacles, Negotiating Faculty Relationships, Learning from Each Other, Protecting Cultural Identity, and Refusing to Fail. Each of these themes emerged from both student and faculty interviews.

Balancing Competing Priorities is congruent with the literature reviewed as part of this study. The data revealed competing priorities that fell into three categories: work, home/family, and finances. Consistent with the literature, balancing work with home and family responsibilities while returning to school was described as difficult. Informants described ways in which they worked school around their lives vs. their lives around school which is consistent with the literature (Zuzelo, 2001). Tuition assistance was seen as positive, but the study informants also described a challenging aspect of tuition assistance requiring students to attend school full time while working full time or more,

or to complete the program in a shortened period of time and to earn a specified grade in each course. Consequently, this seemingly positive bridge to success added stress and an additional competing priority to these students who were already balancing multiple responsibilities. The challenge of supporting a family while paying for school surfaced as an issue that was also consistent with the literature (Altman, 2012; Delaney & Piscopo, 2004; Dowell, 2000; Leonard, 2003; Megginson, 2008; VanHouden & Bonnel, 2007; Waite, et. al., 2009; Williams, Hall, & Papenhausen, 2005). Faculty and student informants viewed this theme similarly.

Overcoming Academic Obstacles surfaced some dissonance between the student and faculty informant perspectives. Both groups agreed that a prior poor academic experience had a negative impact on a student's current academic performance. However, beyond this, student informants focused on the inequity of group work and the positive atmosphere of online classes as their most important factors. Faculty informants agreed with students' perspective of the positive atmosphere of online course, however consistent with the literature (Leonard, 2003; Megginson, 2008; Zuzelo, 2001), they also spoke about the challenge of technology faced by many students. This challenge was described both in terms of access to dependable Internet in rural areas and a lack of experience with and understanding of basic computer skills. Faculty informants also described poor writing and reading as the most prevalent challenges for students, particularly second language students. Olson's (2012) literature review which focused on students with limited English proficiency, for example, supports the significant challenge of reading and writing that was raised by the faculty informants in this study. Although literacy skills needs were cited consistently for second language students, faculty noted

that reading and writing presented a challenge to RN BSN students in general. Faculty also described the insufficient services in place to deal with these issues especially when working with students at a distance.

Negotiating Faculty Relationships was described by students as both positive and challenging. Several students described faculty relationships that were supportive with some experiences creating a turning point for them in the program. These same students and others also described challenging faculty encounters where their cultural practices and community were discounted, where they were not given the same time and attention that non-diverse students received from the faculty, and where they were made to feel invisible in class. Faculty recognized the current competitive educational environment as incongruent with the culture of many students. Of particular note is that the same students who spoke of the challenges working with and communicating with faculty also spoke of the support they had received from faculty. Students were not myopic in their view, but recognized that many faculty lack the ability to work effectively with diverse students. Gardner (2005) and Napierkowski and Pacquiao (2010) studies both confirm the need for students to have a supportive relationship with faculty members and the need for an environment that supports their culture.

Learning from Each Other about cultural context was a theme raised by both faculty and student informants. Student and faculty informants reported learning from both intentional and circumstantial experiences in the courses. This theme was perceived positively for most of the students and faculty. Both groups identified multiple examples of how and where they learned from each other. Online discussion boards were a particularly rich source of these encounters for both students and faculty. Suggestions

that these discussions may have been richer because of the space between speaker and response, the inability to recognize differences in a virtual environment, and general increased comfort in the online environment may account for the richness of the shared learning in these spaces. Several studies have also argued for the potentially powerful learning that can take place for all nursing candidates when they are being educated alongside diverse peers and learning about various diverse groups from the emic perspective of their peers (Etowa, Foster, Vukic, Wittstock, & Youden, 2005; Napierkowski & Pacquiao, 2010).

Protecting Cultural Identity emerged as a strong theme from the student informants. The students maintained that many of their faculty members did not understand their cultural group. Because of this perceived lack of understanding, students did not feel comfortable talking with faculty members about their concerns in the course. Students often felt that faculty members were asking or expecting that they would set aside their cultural practices while in the RN BSN program. Furthermore, students did not perceive faculty members as correcting student behavior that was disrespectful of various cultural group. Rather they saw the faculty as willing participants in such disrespectful behavior. These experiences, described by the students, are consistent with Gardner's (2005) themes of loneliness and isolation, differentness, absence of acknowledgment of individuality from teachers, peers' lack of understanding and knowledge about cultural differences, desiring support from teachers and coping with insensitivity and discrimination. In contrast to the student perspective on the need to preserve cultural identity, however, one faculty informant, a member of an ethnic minority group, shared the unique perspective that some minorities have a "victim

complex” and consequently “don’t take responsibility for actions or outcomes.” She explained the difficulty “of positive movement where there is hatred and negativity.”

Refusing to Fail was a theme described by both student and faculty informants. Refusal to fail was initially coded as persistence and resilience, but it exceeded these concepts. Both student and faculty informants described a tenacity against all odds to succeed. Both groups described students as having a strong goal for success a determination to succeed despite challenges. Student informants talked about the attitudes and behaviors necessary to succeed. Faculty informants described the students’ determination to succeed despite challenges. Both groups described a strong and motivated student body continuously overcoming challenges. This theme is consistent with Gardner’s (2005) theme of overcoming obstacles.

The findings of this study are consistent with studies of non-diverse RN BSN students in the themes of Balancing Competing Priorities, Overcoming Academic Obstacles, Negotiating Faculty Relationships, and Learning from Each Other but the prevalence is greater in the diverse RN BSN student population. Faculty informants described these themes as occurring with most of their students and of multiple themes being present within individual students. One faculty member added “Our academic world can be experienced as competitive and individualistic which does not match many cultural approaches to learning”. The themes of Protecting Cultural Identity and Refusing to Fail are unique to this population. Protecting Cultural Identity revealed both students’ feeling that their cultural practices were challenged as unimportant while in their RN BSN program and of experiencing feelings of being invisible in classes where they were the minority population in the class. Refusing to Fail was evident in both

attitude and action. A faculty informant observed that most diverse students “seem driven to earn A’s despite their struggles and their multiple roles/responsibilities”.

Most of the themes uncovered in this study are consistent with prior studies. However, little progress has been made in increasing the diversity of the nursing workforce. In 2015, the National Academies Press published *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. In this publication, the authors report that although not yet “representative of the diversity of the general U. S. population, the “racial and ethnic diversity in the nursing workforce has been increasing in the five years since the *Future of Nursing Report* has been released.” This publication also reports that

Data from AACN’s 2015 annual survey show that faculty in baccalaureate or higher-level programs are less diverse than both the nurse workforce overall and enrollees and graduates of nursing degree programs.

The authors have made diversity of the nursing workforce a priority. They recommend state action coalitions focus on diversity initiatives that are actionable and sustainable, based on best practice, and that data be collected and reported to report progress.

Emergence of Theory

Limited progress has been made to increase the diversity of the nursing workforce despite focused national attention. This current study has surfaced themes consistent with prior studies however strategies that have been implemented in the past have focused on the students, their challenges and how to address them. Little focus has been placed on the faculty members or educational system that create the environment in

which these students must learn. The theory emerging from this study proposes to alter the current educational environment.

Currently the diversity of faculty members teaching in BSN programs is less than the nursing workforce in total (National Academies, 2015). Racially and ethnically diverse students in RN BSN programs in this study described experiences where they felt unable to talk with faculty members about their concerns and other experiences where they felt invisible due to perceived faculty member's lack of cultural knowledge and understanding. Likewise, some faculty informants in this study spoke in culturally sensitive ways while others seemed to express the less than helpful perspectives consistent with those experienced by some of the student informants. For example, several faculty informants shared that their expectations are the same for all students therefore, no adjustments were made within the curriculum or program structure related to diversity. Others reported that their colleagues thought that these students should quit their jobs while they were in the program despite their already taxed financial situations. On the other hand, several faculty informants criticized the current educational system as not sufficiently prepared to address the issues that the diverse RN BSN students bring to the program. These informants described discussions being held within their faculty groups to determine if their current teaching methods sufficiently met these students' needs and how they might change to better meet those students' needs. One faculty informant also spoke of the importance of retaining minority students in the program to share their experiences with the dominant culture and begin to improve the minority population representation within the nursing workforce. In short the data from student

and faculty informants demonstrate a wide range of faculty members' perspectives about diverse students in an RN BSN program.

As a bridge to bringing additional diverse nurses on faculty at schools of nursing, the theory emerging from this study proposes faculty development focused on the knowledge, skills, and attitudes needed to successfully mentor ethnically and culturally underrepresented nurses through an RN BSN program to successful completion. The concept that best fits with this theory is cultural humility. Cultural humility differs from other cultural terms. Camphina-Bacote (2008) differentiates these terms. Cultural sensitivity and cultural awareness speak to recognizing another's culture, but do not lead to action. Cultural desire focuses on the motivation of wanting to be in the process of becoming culturally competent and could lead to action. Cultural competence, although incorrectly interpreted as an end point by many, is a lifelong process of becoming rather than being. Camphina-Bacote describing her current model said:

The current model begins and ends with the seeking and experiencing of many cultural encounters and it is only through continuous cultural encounters that one acquires cultural awareness, cultural knowledge, cultural skill and cultural desire. From this perspective, cultural competence can be viewed as an ongoing journey of unremitting cultural encounters.

Cultural humility is reflective and process oriented and asks the individual to self-reflect on his or her cultural experience. It is more relational than knowledge focused. It assumes the absolute individuality of culture, recognizes imbalances of power and explicitly calls for continuous self-reflection. Hook, Davis, Owen, Worthington Jr., and Utsey (2013, p. 2) describe cultural humility as "the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of culture identity that are most important to the person". Fahey et al. (2013) suggests key

points of cultural humility applied to child bearing women and their health care provider that can also fit the student faculty relationship. These principles adapted for the student faculty relationship include:

- Promote understanding that educational encounters are affected by cultural context/background of both the student and the faculty.
- Minimize focus on acquisition of discreet knowledge/facts regarding culture but rather focus on changing the approach a faculty takes to the entire educational encounter.
- Include activities that promote self-reflection
- Focus on the idea that only the individual student knows what components of cultural background and context are relevant and important to the educational encounter
- Present the educational encounter as a dynamic two-way communication/feedback loop

Faculty operating from a framework of cultural humility are self-reflective, strong student advocates that embrace the importance of understanding each student's unique cultural context and how that may impact that student's educational experience and success.

Cultural humility is an affective concept and as such is difficult to teach. Having faculty champions to model the concept and creating policies and procedures congruent with the concept would facilitate development of an organizational culture congruent with cultural humility.

The Theory of Diverse Student-Faculty Partnerships

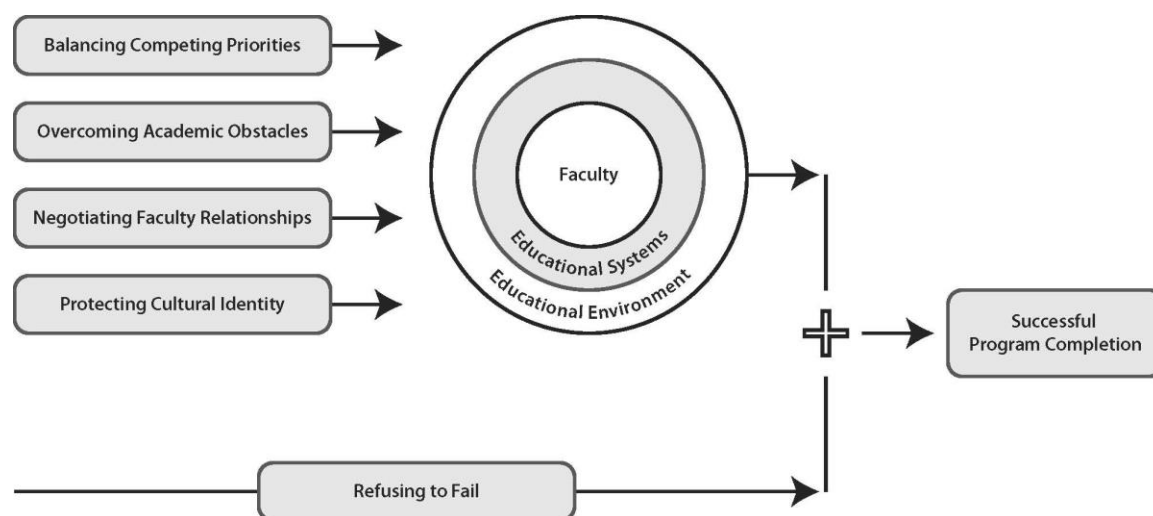
The theory created from this study emerged more as an illuminating process than a moment in time. It was an iterative process of visiting and revisiting analysis that had been done. Coding was revisited numerous times; codes were grouped and regrouped to determine the most authentic representation of the informants' descriptions. Groupings were written on a sketch pad to sort and group like codes and reveal differences and similarities. Each new grouping was compared to all prior groupings. Final themes were arranged in multiple ways looking for the best fit that provided the most accurate depiction of the informants' responses. Charmaz's Criteria for Grounded Theory Studies in Social Justice Inquiry found in Table three were applied to each iteration of the evolving theory and model. Ultimately the Theory of Student-Faculty Partnerships emerged from this analytical and iterative process.

The diagram of the theory, found in Figure 1, shows that the mutual and complex challenges that diverse RN BSN students bring to the BSN completion program are mediated by faculty to create an educational environment where students and faculty can learn from each other. This mutual learning environment combined with the diverse student's refusing to fail leads to the student's successful completion of the RN BSN program.

Diverse students come to the RN BSN program with multiple complex challenges represented by the boxes on the left side of the diagram. Faculty members are at the center of the student experience. They support and mentor students in their professional development as colleagues. They enter into a partnership for success with the student. Faculty members also advocate for educational systems that meet student's unique and

complex needs. In every policy or system discussion faculty members advocate for students asking questions of “How will this affect the students?” and “What can we do to better meet the student’s needs.” As the primary drivers of the educational environment, faculty members create classes from a teaching-learning perspective. This perspective recognizes that students and faculty members are both teacher and learner who bring their own unique cultural context to the educational experience. This multi-level interconnected concept is found in the center of the model. The three concentric circles represent the three spheres of faculty influence and demonstrate how they are nested within each other. As this model evolved, several different representations of this relationship were considered. One attractive option was to represent the faculty spheres of influence with overlapping circles similar to that of the Trinity Knot. This notion was discarded because it represented parts of each sphere of influence as independent from the others. In this theory there is no independence of these spheres. Faculty action in all three spheres simultaneously is necessary to mediate the complex issues that diverse students bring to RN BSN programs. The diverse students’ refusing to fail, represented by the arrow on the bottom of the diagram when combined with the educational environment created by the faculty members leads to students’ successful completion of the RN BSN program.

Figure 1

The Theory of Student-Faculty Partnerships**Significance of Findings and Implications for Education**

The theory proposed by this study identifies a new point of intervention. Faculty members who successfully adapt with their growth in cultural humility would be able to create learning spaces supportive of the diversity of all students and faculty members and that consistently include concepts of cultural humility throughout the courses that they teach. Students would consistently have the opportunity to learn about cultural groups other than their own through the emic perspective of the students and faculty who are members of those other cultural groups. Faculty members would enter into a partnership with their students to help them achieve success in the program while maintaining their cultural identity. And faculty and educational administrators would advocate for changes in the educational system to adapt to the multiple challenges faced by RN BSN students who are members of underrepresented racial and ethnic groups.

RN BSN students who are members of underrepresented racial and ethnic groups face multiple interconnecting challenges returning to school to obtain their BSN. Many of the challenges experienced by these students are addressed in the literature. Life factors including the need to work to support a family, family care giving responsibilities and a lack of financial resources were partially met by work schedule modification to accommodate school schedule, the presence of family support, and the ability to access tuition assistance from their workplace or other sources. Academic factors including inadequacy of prior education, lack of skill working with technology, and English as a second language were mediated by academic support programs and faculty members provided individual assistance. There were also significant unmet needs described by the study informants. These informants described a persistence to succeed and preserve their cultural identity despite the challenges they faced.

Faculty advocacy could mediate the challenges faced by diverse students in an RN BSN program. Advocacy focused within their own institution could raise discussions of: educational pedagogy and if the current pedagogy meets the needs of diverse students, faculty member comfort with increasing the diversity of both the student body and the faculty members, expanding the diversity content in courses, and creating or expanding student support services that meet the specific needs of diverse students. Advocacy focused toward health care institutions could include promoting the importance of removing barriers to receive tuition reimbursement such as limited time to complete the BSN degree and the institutional requirement to work full time while in the degree completion program. Faculty could also enter into discussion with both health care institutions and professional nursing organizations to advocate for the status of the BSN

degree in terms of salary, assignment, promotion, and status within health care organizations. An additional important source for funding of diverse students to complete their BSN degree is private and governmental organizations. Faculty advocacy would involve faculty members establishing relationships with philanthropic organizations to establish scholarships and additional funding for diverse students in RN BSN programs and discovering and seeking grants to fund programs and initiatives that would support the unique needs of this population. Another important area of impact for faculty advocacy is in policy. It is important for faculty to remain current on legislation and to contact their legislators to advocate for nursing and nursing related legislation including additional federal funding for nursing education.

The theory created from the findings in this study could have direct impact on RN BSN students who are members of underrepresented racial and ethnic groups' completion of the RN BSN program by improving the learning environment to accommodate diverse cultures. Increasing the number of BSN prepared nurses who are members of underrepresented racial and ethnic groups also has the potential to directly impact the care of patients who are members of underrepresented racial and ethnic groups.

Implications for Practice and Vulnerable Populations

In order to effectively provide care for vulnerable populations, nurses who are members of underrepresented racial or ethnic groups prepared at the BSN level and higher are necessary. Patients who are members of underrepresented ethnic and racial groups report higher levels of care and satisfaction with their care when cared for by a member of their own cultural group (Cooper et. al., 2003; Napierkowski & Pacquiao, 2010; Saha, Taggart, Komaromy, & Bindman, 2000; Sullivan Commission, 2004).

The theory resulting from this study has the potential to improve the care of vulnerable populations. Increasing the number of BSN prepared nurses who are members of underrepresented racial or ethnic groups will improve access to culturally sensitive care. These BSN prepared nurses have the potential to return to complete their MSN degree and move into advanced practice roles where they will improve access to primary care and into faculty roles where they could positively influence high school students to enroll in college increasing enrollment in higher education.

Underrepresented racial and ethnic groups are vulnerable populations (Giger, et al., 2013). Three of the Social Determinants from Healthy People 2020 (U.S. Department of Health and Human Services), directly connect with the findings of this study: Enrollment in Higher Education, Access to Health Care and Access to Primary Care. The percentage of diverse students enrolled in ADN programs remains higher than the percentage enrolled in BSN programs (National Academies, 2015). As the patient population continues to increase in complexity, the knowledge and skills of the BSN prepared nurse are necessary. This improves access to health care.

The BSN degree is a prerequisite to obtaining an MSN degree and becoming an Advanced Practice Nurse. Associate Degree prepared nurses who are members of an underrepresented racial or ethnic group who complete the RN BSN program and subsequently the MSN program and certification expand access to primary care for all patients and increase the likelihood that a patient who is a member of an underrepresented racial or ethnic group will be able to receive primary care from a provider who is a member of their cultural group (NACNEP, 2010). This improves access to primary care.

Achievement of the MSN will also qualify these nurses to join the faculty of nursing schools and serve as role models and mentors for students who are members of underrepresented racial or ethnic groups (Olson, 2012). As members of underrepresented groups they will be in a position to influence the environment and delivery of nursing education. This cultural shift will facilitate the success of diverse nursing students and provide all students with the opportunity to gain understanding of diverse populations (AACN, 2011; Etowa, Foster, Vukic, Wittstock, & Youden, 2005; Napierkowski & Pacquiao, 2010). The environment could encourage high school students to consider enrolling in higher education. This improves enrollment in higher education.

Implications for Research and Suggestions for Future Research

This study begins to address the gap in diverse students' successful completion of an RN BSN program. Research in the area of factors impacting RN BSN students who are members of underrepresented racial and ethnic groups is limited. Most of the studies reviewed focused on a sample population that was both primarily Caucasian and female or did not specify the sample demographic. Furthermore, there is an overall scarcity of studies that are specifically focused on diverse RN BSN students. One of the main findings of this study was the importance of the faculty members teaching in the RN BSN program. Future studies focused specifically on faculty member's behaviors and attitudes and on student-faculty member relationships would provide more specific data to determine the best points of intervention to enhance student success. If academic institutions did make changes to their environment, research to describe the process and outcomes of changing an educational environment to better meet the needs of diverse students and describing how those changes affected faculty members, other students, and

the educational environment would suggest points for change, reinforcement, or additional future studies.

Research studies focused on primarily Caucasian and female RN BSN students' needs to be repeated with underrepresented racial and ethnic groups. As society changes, additional research will be needed to track barriers to entry and successful completion of an RN BSN program by students members of underrepresented racial and ethnic groups.

If measures to increase the diversity of the nursing workforce are effective, it will be important to study the health outcomes of the population to determine if there is a positive impact on outcomes or if unanticipated factors occur. It would also be important to study the new environments created by increasing the diversity of nursing faculty and students. The 2016 National Academies Press Report, *A Framework for Educating Health Professionals to Address the Social Determinants of Health* makes the cogent point that "increasing the diversity of educational organizations and schools does not necessarily create an environment of inclusivity where students, faculty, staff, and others feel safe in interacting and working with others."

The researcher's personal research goals include testing this theory and model on BSN, MSN, and doctorate level programs-both DNP and PhD to discover if the themes hold across levels of nursing programs. Expanding the population to include wider diversity of populations will be important to more fully meet students' needs and reduce the potential of accidentally disenfranchising some diverse populations. Smaller narrative single case studies would afford the opportunity to gain a deeper understanding of more of the context of the diverse student experience. For all of these studies it would be important to create a research team that includes members of the underrepresented

groups to consistently detect bias and add insight to analysis. An important issue to be addressed is funding. Access to diverse nurse data bases and use of some culture assessment tools is costly. Funding would potentially expand the pool of potential informants for future studies.

Strengths and Limitations of the Study

The literature reviewed of non-diverse RN BSN students studies and the informants were congruent in the description of this population as very time challenged with multiple and competing responsibilities. Despite multiple modes of recruitment, achieving a sample size for saturation was challenging. The response rate to in-person and electronic study invitations was low and some informants began the study but did not complete the study. A group of student and a group of faculty informants completed only the demographic survey. A larger sample size may have allowed greater examination of variation within the sample. No students responded to the request for focus group participants in either an electronic or in-person format. Consequently, focus groups were eliminated from the study. The elimination of focus groups and the lack of face to face interaction for the interviews reduced the quality of the data that was available to include in the analysis. An additional limitation is the potential that researcher bias may have entered into the analysis despite attention to bracketing and co-coding with a faculty member of an underrepresented ethnic group.

A strength of the study is that despite the recruitment challenges, the final student sample population was diverse in terms of age and ethnicity/race. And, the final faculty population was diverse in terms of age, ethnicity/race, and length of time a nurse, length of time a nursing faculty member and number of courses taught in an RN BSN program.

Despite the small sample size, there was representation of multiple underrepresented racial and ethnic populations and a wide range of experience of both the student and the faculty informants.

Conclusion

Diverse students enter the RN BSN program with multiple challenges. Prior research has focused on these student challenges and interventions that have targeted the student. Analysis of the data from this study surfaced a new perspective. The theory of Student Faculty Partnerships suggests intervention focused on faculty members in each of their spheres of influence: teaching-learning, educational systems and educational environment. When the mutual learning environment created by the faculty members is combined with the diverse student's refusal to fail, the diverse student's successful completion of the RN BSN program is enhanced. Increasing the number of diverse BSN prepared nurses would lead to increased access to health care from like cultural group providers, increased potential for diverse nurses to continue their education to obtain their MSN and become a primary care provider increasing the access to primary care and the potential for these nurses to join nursing faculty increasing the number of diverse faculty members.

References

- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association*, 290(12), 1617-1623. doi: 10.1001/jama.290.12.1617
- Aiken, L.C., Cervero, R. M., & Johnson-Bailey, J. (2001). Black women in nursing education completion programs: Issues affecting participation. *Adult Education Quarterly*, 51(4), 306-321. doi: 10.1177/07417130122087313
- Aiken, L., Cervero, R., & Bailey, J. J. (2000). A structural analysis of the experiences of Black women who return to RN completion programs. *Thresholds in Education*, 25(2/40).
- Alamri, M., & Sharts-Hopko, N. C. (2015). Motivational factors and barriers related to Saudi Arabian nurses' pursuit of a Bachelor of Science in Nursing degree. *Nursing Education Perspectives*, 36(3), 157-162 6p. doi:10.5480/14-1376
- Alicea-Planas, J. (2009). Hispanic nursing student's journey to success: A metasynthesis. *Journal of Nursing Education*, 48(9), 504-513O.
- Altmann, T. K. (2012). Nurses' attitudes toward continuing formal education: A comparison by level of education and geography. *Nursing Education Perspectives*, 33(2), 80-84.
- American Association of Colleges of Nursing. (2011). Press Release: *New AACN data on nursing enrollments and employment of BSN graduates*. Retrieved from <http://www.aacn.nche.edu/news/articles/2011/11enrolldata>
- American Association of Colleges of Nursing (AACN). (2012). *Fact sheet: The impact of education on nursing practice*. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/impact-of-education>
- American Association of Colleges of Nursing. (2008). *Essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>
- American Association of Colleges of Nursing. (2011). *Fact sheet: Enhancing diversity in the nursing workforce*. Washington, DC: The Association. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/enhancing-diversity>
- American Nurses Credentialing Center. (2016). *Magnet Recognition Program® Overview*. Retrieved from <http://www.nursecredentialing.org/Magnet/ProgramOverview>

- Babbo, G., Fought, S., Holk, M., Mulligan, A. M., Perrone, C. (2013). RN-to-BSN programs in the community college setting: Challenges and successes. *Journal of Nursing Education*, 52(2), 85-90.
- Benner, P. Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Blegen, M.A., Goode, C.J., Park, S.H., Vaughn, T., & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration*, 42, 89-94.
- Boylston, M. T., Peters, M. An., & Lacey, M. (2004). Adult student satisfaction in traditional and accelerated RN-to-BSN Programs. *Journal of Professional Nursing*, 20(1), 23-32.
- Campinha-Bacote, J. (2008). Cultural desire: 'caught' or 'taught'?. *Contemporary Nurse: A Journal For The Australian Nursing Profession*, 28(1/2), 141-148 8p.
doi:10.5172/conu.673.28.1-2.141
- Cangelosi, P.R. (2006). RN-to-BSN education: Creating a context that uncovers new possibilities. *Journal of Nursing Education*, 45, 177-181.
- Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice studies. In Denzin, N. K. & Lincoln, Y. S. (Eds), *The Sage Handbook of Qualitative Research* (3rd ed, pp. 507-535). Thousand Oaks, CA: Sage Publications.
- Charmaz, K. (2006). *Constructing grounded theory a practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- Christians, C. G. (2000). Ethics and politics in qualitative research. In Denzin, N. K. & Lincoln, Y. S. (Eds), *Handbook of Qualitative Research* (2nd ed., pp. 133-155). Thousand Oaks, CA: Sage.
- Clark, C.L. (2004). The professional socialization of graduating students in generic and two-plus-two baccalaureate completion nursing programs. *Journal of Nursing Education*, 43(8), 346-351.
- Cooper, I. A., Roiter, D. L., Johnson, R. I., Ford, D. E., Steinwachs, D. M., & Powe, N. R. (2003). Patient-centered communication, ratings of care and concordance of patient and physician race. *Annals*, 139 (11), 907-915.
- Corbin, J. & Strauss, A. (2008). *Basics of Qualitative Research*. (3rd ed. Pp 67-68). Thousand Oaks, CA: Sage.
- Cronenwett, L., Sherwood, G., Barnsteiner, J, Disch, J., Johnson, J., Mitchel, P., Sullivan, D. T., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3), 122-131.

- Dean, C. A. (1997). *Registered nurses returning for a baccalaureate degree in nursing: A qualitative analysis of a life experience*. EdD Dissertation, North Carolina State University.
- Delaney, C., & Piscopo, B. (2004). RN-BSN programs: Associate degree and diploma nurses' perceptions of the benefits and barriers to returning to school. *Journal for Nurses in Staff Development*, 20(4), 157-161.
- De Leon, M. S. & Meleis, A. I. (2007). Integrating cultural competence into nursing education and practice: 21st century action steps. *Journal of Transcultural Nursing*, 18, 86S. doi: 10.1177/1043659606296465D
- Diaz, A. (2015). *Factors contributing to completion success of recently graduated Hispanic Bachelor of Science degree in nursing students* (Doctoral dissertation). Retrieved from Proquest. (Publication no. 3687625)
- Diaz, C., Clarke, P. N., & Gatua, M. W. (2015). Cultural competence in rural nursing education: Are we there yet? *Nursing Education Perspectives*, 36(1), 22-26. doi:10.5480/12-1066.1
- Denzin, N. K. (1989). *Interpretive Biography*. Newbury Park, CA: Sage.
- Donley, R., & Flaherty, M. J. (2008). Revisiting the American Nurses Association's first position on education for nurses: A comparative analysis of the first and second position statements on the education of nurses. *Online Journal of Issues in Nursing*, 13(2).
- Dowell, M. L. (2000). *Why they succeed: Completion, retention, and early departure of registered nurses returning for the baccalaureate degree in nursing*. (Doctoral Dissertation, University of Texas at Austin). Retrieved from <http://0-search.proquest.com.libus.csd.mu.edu/pqdtft/docview/251658556/fulltextPDF/13DF6F325C468EB0A0A/1?accountid=100>
- Duffy, M. T., Friesen, M. A., Speroni, K. G., Swengros, D., Shanks, L. A., Waiter, P. A., & Sheridan, M. J. (2014). BSN completion barriers, challenges, incentives and strategies. *Journal of Nursing Administration*, 44(4), 232-236.
- Estabrooks, C.A., Midodzi, W.K., Cummings, G.C., Ricker, K.I. & Giovanetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research*, 54(2), 72-84.
- Etowa, J. B., Foster, S., Vukic, A. R., Wittstock, L., & Youden, S. (2005). Recruitment and retention of minority students: diversity in nursing education. *International Journal of Nursing Education Scholarship*, 2(1), Article 13.
- Evans, B. C. (2008). Attached at the umbilicus: Barriers to educational success for Hispanic/Latino and American Indian nursing students. *Journal of Professional Nursing*, 24(4), 205-217.

- Fahey, J.O., Cohan, S. R., Holme, F., Buttrick, BS, Dettinger, J.C., Kestier, E., & Walker, D.M. (2013). Promoting cultural humility during labor and birth. *Journal of Perinatal Neonatal Nursing*, 27(1), 36-42.
- Friese, C.R., Lake, E.T., Aiken, L.H., Silber, J.H. & Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research*, 43(4), 1145-1163.
- Gardner, J. (2005). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing*, 16(2), 155-162.
- Giger, J., Davidhizar, R., Purnell, L., Harden, J., Phillips, J., & Strickland, O. (2007). American Academy of Nursing Expert Panel report: developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations. *Journal of Transcultural Nursing*, 18(2), 95-102 8p.
- Glaser, B. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.
- Goode, C. J., Pinkerton, S., McCauland, M. P., Southard, P., Graham, R., & Krsek, C. (2001). Documenting chief nursing officers' preferences for BSN-prepared nurses. *The Journal of Nursing Administration*, 31(2), 55-59.
- Graf, C. M. (2006). ADN to BSN: Lessons from human capital theory. *Nursing Economics*, 24(3), 135-142.
- Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed), *The Paradigm Dialog* (pp. 17-27). Thousand Oaks, CA: Sage.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In Denzin, N. & Lincoln, Y. (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.
- Guthrie, W. & Lowe, A. (2011). Getting through the PhD process using GT: A supervisor-researcher perspective. In Martin, V. & Gynnild, A. (Eds.), *Grounded theory the philosophy, method, and work of Barney Glaser* (pp. 51-68). Boca Raton, Florida: Brown Walker Press.
- Health Resources and Services Administration, Division of Nursing. (2010). *The registered nurse population: National sample survey of registered nurses, 2008, preliminary findings*. Rockville, Maryland: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

- Health Resources and Services Administration, Division of Nursing. (2013). *The registered nurse population: National sample survey of registered nurses, 2010, preliminary findings*. Rockville, Maryland: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.
- Healthy people.gov*. (2010, 12 29). Retrieved from <http://www.healthypeople.gov/2020/about/DisparitiesAbout.aspx>
- Hendricks, S.M., Phillips, J.M., Narwold, L., Laux, M., Rouse, S., Dulemba, L., Makielski, M., & Halstead, J.A. (2012). Creating tomorrow's leaders and innovators through an RN-to-bachelor of science in nursing consortium curricular model. *Journal of Professional Nursing*, 28(3), 163-169.
- History.com staff (2010). *Baby Boomers*. Retrieved from <http://www.history.com/topics/baby-boomers>
- Hook, J. N., Davis, D. E., Owen, J., Worthington, Jr., E. L. & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60, 353-366. doi: 10.1037/a0032595.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington DC: The National Academies Press.
- Jeffreys, M.R. (2007). Tracking students through program entry, progression, graduation, and licensure: Assessing undergraduate nursing student retention and success. *Nurse Education Today*, 27(5), 406-419.
- Joel, L. A. (2002). Education for entry into nursing practice: Revisited for the 21st century. *Online Journal of Issues in Nursing*, 7(2).
- Kaiser Family Foundation. (2010). *Distribution of U.S. population by race/ethnicity, 2010 and 2050*. Retrieved from <http://facts.kff.org/chart.aspx?ch=364>
- Leonard, T. (2006). Exploring diversity in nursing education: Research findings. *Journal of Cultural Diversity*, 13(2), 87-96.
- Lillibridge, J., & Fox, S. D. (2005). RN to BSN education what do RN's think? *Nurse Educator*, 30(1), 12-16.
- Mahaffey, E. (2002). The relevance of associate degree nursing education: Past, present, future. *Online Journal of Issues in Nursing*, 7(2).
- Massen, A. & Kowalewski, B. (2010). *Preparing to serve: Online training modules Weber State University*. Retrieved from: <https://www.suu.edu/servelearn/pdf/ws-module-cultural-sensitivity-3-29-10.pdf>.

- McGrath, J. M. (2008). Why would I want to do that?: Motivating staff nurses to consider BSN education. *Journal of Perinatal & Neonatal Nursing*, 22 (2), 88-90. doi: 10.1097/01.JPN.0000319092.74920.32
- Meggison, L. A. (2008). RN-BSN education: 21st century barriers and incentives. *Journal of Nursing Management*, 16, 47-55. doi: 10.1111/j.1365-2934.2007.00784.x
- Morgenthaler, M. (2009). Too old for school? Barriers nurses can overcome when returning to school. *AORN*, 89(2), 335-345.
- Morrison, T. & McNulty, D. (2012). Response from the southwest Florida nursing community supporting the future of nursing. *Journal of Nursing Administration*, 42(1), 52-57.
- Nairn, S., Hardy, C., Harling, M., Parumal, L., & Narayanasamy, M. (2012). Diversity and ethnicity in nurse education: The perspective of nurse lecturers. *Nurse Education Today*, 32(3), 203-207. doi:10.1016/j.nedt.2011.02.012
- Napierkowski, D. & Pacquiao, D. F. (2010). Academic challenges for culturally diverse students a case study in one accelerated baccalaureate nursing program. *UPNAAI Nursing Journal*, 6(1), 9-10.
- National Academies of Sciences, Engineering, and Medicine. (2015). *Assessing progress on the Institute of Medicine Report the future of nursing*. Washington D. C.: The National Academies Press.
- National Academies of Sciences, Engineering, and Medicine. (2016). *A framework for educating health professionals to address the social determinants of health*. Washington, DC: The National Academies Press. doi: 10.17226/21923.
- National Advisory Council on Nurse Education and Practice, U. S. Department of Health and Human Services. (2001). *The first report to the Secretary of the U. S. Department of Health and Human Services and the U. S. Congress*. Retrieved from <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/firstreport.pdf>
- National Advisory Council on Nurse Education and Practice, U. S. Department of Health and Human Services. (2010). *The impact of the nursing faculty shortage on nurse education and practice; Ninth annual report to the Secretary of the U. S. Department of Health and Human Services and the U. S. Congress*. Retrieved from <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/ninthreport.pdf>
- Nelson, M. A. (2002). Education for professional nursing practice: Looking backward into the future. *Online Journal of Issues in Nursing*, 7(2).

- Nnedu, C. C. (2009). Recruiting and retaining minorities in nursing education. *The ABNF Journal*, 20(4), 93-96.
- Osborne, C. A. S. (1990). *Educational conflict situations, locus-of-control and expressed anger manifestations in the returning RN BSN completion student*. EdD Dissertation, University of San Francisco, San Francisco.
- Olson, M. A. (2012). English-as-a-second language (ESL) nursing student success: A critical review of the literature. *Journal of Cultural Diversity*, 19(1), 26-32.
- Osterman, P.S., Asselin, M.E., & Cullen, H.A. (2009). Returning for a baccalaureate: A descriptive exploratory study of nurses' perceptions. *Journal for Nurses in Staff Development*, 25, 109-117.
- Perfetto, L. M. (2015) Facilitating educational advancement of RNs to the Baccalaureate: What are they telling us? *Nursing Education Perspectives*, 36(1), 34-41. doi: 10.5480/13-1161.1
- Pitt, V., Powis, D., Levett-Jones, T., & Hunter, S. (2012). Factors influencing nursing students' academic and clinical performance and attrition: An integrative literature review. *Nurse Educator Today*, 32, 903-913. doi: 10.1016/j.nedt.2012.04.011.
- Robbins, L. K. & Hoke, M. J. (2013). RN-to-BSN culture of success model: Promoting student achievement at a Hispanic-serving institution. *Journal of Professional Nursing*, 29(1), 21-29.
- Saha, S., Taggart, S. H., Komaromy, M. & Bindman, A. B. (2000). Do patients choose physicians of their own race? *Health Affairs*, 19(4), 76-83.
- Sarver, W. Cichra, N., & Kline, M. (2015). Perceived benefits, motivators and barriers to advancing nursing education: Removing barriers to improve success. *Nursing Education Perspectives*, 36(3), 153-156. doi: 10.5480/14-1.
- Simpson, R. L. (2004). Recruit, retain, assess: Technology's role in diversity. *Nursing Administration Quarterly*, 28(5), 217-220.
- Smith, T. (2009). A policy perspective on the entry into practice issue. *Online Journal of Issues in Nursing*, 15(1). DOI: 10.3912/OJIN.Vol15No01PPT01
- Spencer, J. (2008). Increasing RN-BSN enrollments: facilitating articulation through curriculum reform. *Journal of Continuing Education in Nursing*, 39(7), 307-313.
- Spradley, J. P. (1979). *The Ethnographic Interview*. Belmont, CA: Wadsworth.
- Strong, D. G. (2014). *Nurses' perceptions of the restrictive and supportive factors that impact enrollment and persistence in a RN-BSN Program* (Ed.D dissertation

- Walden University). Available from ProQuest Dissertations and Theses database. (UMI No. 3633045)
- Sullivan Commission. (2004). *Missing persons: Minorities in the health professions*. Sullivan Commission on Diversity in the Healthcare Workforce, W.K. Kellogg Foundation, Duke University School of Medicine. Retrieved from <http://www.aacn.nche.edu/media-relations/SullivanReport.pdf>.
- Thomas, M. (2011). The utility and efficacy of qualitative research software in grounded theory research. In V. B. Martin & A. Gynnild (Eds.) *Grounded theory the philosophy, method and work of Barney Glaser*. Boca Raton, Florida: Brown Walker Press.
- Torregosa, M. B. & Morin, K. H. (2012). Programmatic and teaching initiatives for ethnically diverse nursing students: A literature review. *Asian Nursing Research*, 6, 67-74.
- U.S. Bureau of Health Professions. (2010). *The registered nurse population findings from the 2008 national sample survey of registered nurses*. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>
- U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census (2011). *Overview of race and Hispanic origin: 2010*. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>
- VanHouden, A., & Bonnel, W. (2007). Encouraging associate degree nursing students to pursue a bachelor of science in nursing the faculty role. *Teaching and Learning in Nursing*, 2, 122-125. Doi: 10.1016/j.tein.2007.07.008
- Waite, R., Coleman, C., & Tavolaro-Ryley, L. (2009). Bridges to the baccalaureate: Engaging associate degree students. *Teaching and Learning in Nursing*, 4, 87-93.
- Weaver, K., & Olson, J. K. (2006). Understanding paradigms used for nursing research. *Journal of Advanced Nursing*, 53(4), 459-469.
- Williams, R. R., Hall, S., & Papenhausen, J. I. (2005). The collaborative track option for BSN education: The best of both worlds. *Nurse Educator*, 30(2), 57-61.
- Wuest, J. (2007). Grounded Theory: The Method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (p. 249). Sudbury, MA: Jones and Bartlett Publishers.

Zuzelo, P. R. (2001). Describing the RN-BSN learner perspective: Concerns, priorities, and practice influences. *Journal of Professional Nursing*, 17(1), 55-65. doi: 10.1053/jpnu.2001.20252

Appendix A

Student Demographic Survey

1. What is your age?
2. What is your ethnicity/race?
3. What percent of the program have you completed?
4. How long have you been a nurse?

Appendix B

Faculty Demographic Survey

1. What is your age?
2. What is your ethnicity/race?
3. How long have you been a nurse?
4. How long have you been nursing faculty?
5. How many courses have you taught in the RN BSN program?

Appendix C

Initial Student Interview Guide

Ask participants to avoid use of specific names of institutions, places or persons.

I'm interested in understanding what it's like for you to be a student and how you decided to return to school to complete your BSN degree.

How did you choose to come to this school?

"I don't know what it would be like to be a student in an RN-BSN program"

Let me explain what I'm interested in. I would like to find out what it would be like to be a nursing student from a diverse background today in an RN-BSN program. I'd like to understand how you made the decision to return to school and what things are helping you to succeed in school and what things are making it more difficult.

Let's begin with some questions. I don't know what your typical experience as a student is like. Please tell me what a typical week is for you?

Additional questions depending on subject's answers may include:

I don't know what activities fill your week. What are things that you typically do each day? What are things that make your life as a student easier? What are things that make your life as a student more difficult? Please take me through your week?"

You said that_____. Please describe/tell me more about_____. You mentioned that_____use_____for _____. What are some of these?

If I were to sit in your classroom, what kinds of things would I see and hear? What kinds of things would I hear students saying as part of the class? Would there be side bar conversations? What kinds of things would I be likely to hear faculty say to students?

Could you describe a typical day in your clinical? What do you do when you arrive? What activities follow throughout your time there? How do you organize your day? What kinds of things would I hear students saying? What kinds of things would I hear faculty saying?

We've been talking about your experiences in the RN BSN program. I'd like to ask you a little different type of question. I'm wondering what different types of conversations that you have experienced in the program. This may take a bit of thinking, but I'd like

you to think about all of the experiences that you have had and tell me the different types of conversations that you have had, what you would call them.

Additional follow-up questions could include:

I'm interested in knowing more about _____. You mentioned _____. Can you think of any other _____?

Can you give me an example of _____?

Could you describe a time when you _____ or when you've had (a specific experience) where you _____? Or please tell me about some of your experiences _____?

What's an interesting question about _____?

Is that the way most people would say it?

If you were talking to another student, would you say it that way?

If you were talking to a faculty member, would you say it that way?

If you approached a group of students you did not know, what kinds of things would they be likely to say when you first walked up?

I'm interested in the differences in the type's of _____ you experience. In looking over our earlier conversations, I found some differences that I'd like to check with you. Would you say that _____ is _____ but _____ is not?

Earlier in our conversation you mentioned that _____. Do _____? Does _____?

_____ seem to be _____ too _____. I've been trying to find out all the different types of _____ that _____ experience. Now I'd like to know the differences between them.

Appendix D

Initial Faculty Interview Guide

This is a pre-interview potential question list. However, the questions and the answers and the language that will be used will be discovered from the participants.

I'm interested in understanding what it's like for you to be a faculty member teaching in an RN BSN nursing program. *(the focus).*

How did you choose – the school - ? *(friendly question)*

I'd like to know what it's like to teach here at – the school - ? *(expressing cultural ignorance)*

Let me explain what I'm interested in. I would like to find out what it would be like to be a faculty member teaching nursing students from diverse backgrounds today. *(question)*

Let's begin with some questions. I don't know what your typical teaching responsibilities and other duties are or how you approach teaching students from diverse backgrounds in your RN BSN classes. Could you tell me what a typical week is like for you? I'd like to know how you prepare for and conduct your classes. What are things that you typically do each day? What kind of time do different activities take in your week? Would you take me through your week? *(ethnographic question [tell going to ask the question, incorporate repeating by asking the question multiple ways, asking a descriptive question], asking the grand tour question.)*

You said that _____. Could you describe/tell me more about _____. – *here pick up on things described by the informant in the informant's own words (restating and incorporating and asking a mini-tour question).*

You mentioned that ____ use ____ for _____. What are some of these? *(structural question).*

Interviewer expresses interest and cultural ignorance and restates throughout responses at appropriate times.

Depending on prior responses, follow up questions would include some of the following in an order that alternates structural with descriptive questions:

If I were to sit in your classroom, what kinds of things would I see and hear? What kind of activity would I see in the room? What kinds of things would I hear students saying as part of the class? Would there be side bar conversations? What kinds of things would I be likely to hear faculty to say to students?

Could you describe a typical day in your classroom? How do you organize your class time? How do you structure your class? How do you decide what teaching methods to use?

You said that _____. Could you describe/tell me more about _____. – *here pick up on things described by the informant in the informant's own words (restating and incorporating and asking a mini-tour question).*

You mentioned that ____ use ____ for _____. What are some of these? (*structural question*).

Additional follow-up structural questions depending on responses above:

We've been talking about your teaching responsibilities and how you organize your class time. I'd like to ask you a little different type of question. I'm wondering what are the different types of activities and responsibilities that you have outside of the classroom. I'd like you to think about all of your non-teaching activities and responsibilities.

How do you decide where to place your emphasis? OR How do you balance your multiple faculty responsibilities? What factors impact your choices?

All blanks would be filled in with the native language terms-folk terms that emerge from the interview.

I'm interested in knowing more about _____. You mentioned _____ - _____. Can you think of any other _____.

Additional follow-up descriptive questions depending on responses above:

Can you give me an example of _____?

Could you describe a time when you _____ or when you've had (*a specific experience*) where you _____? **OR** Could you tell me about some of your experiences _____?

What's an interesting question about _____?

Follow-up to native language use question:

Is that the way most people would say it?

If you were talking to another faculty member, would you say it that way? To an administrator/Dean?

If you approached a group of faculty you did not know, what kinds of things would they be likely to say when you first walked up?

Follow-up contrast questions (ask with descriptive and structural questions):

I'm interested in the differences in the types of _____ you experience. In looking over our earlier conversations, I found some differences that I'd like to check with you. Would you say that _____ is _____ but _____ is not?

Earlier in our conversation you mentioned that _____. Do _____?
Does _____?